

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90040 020 ***158.75

DOCUMENT # P01000095870

1. Entity Name

REDLINE ENTERTAINMENT GROUP, INC.

Principal Place of Business

**907 NE 199 STREET 3205
MIAMI FL 33179**

Mailing Address

**907 NE 199 STREET 3205
MIAMI FL 33179**

2. Principal Place of Business

907 N.E. 199th Street

Suite, Apt. #, etc.

Apt # 205

City & State

Miami, FL

Zip

33179

Country

U.S.A.

3. Mailing Address

907 N.E. 199th Street

Suite, Apt. #, etc.

Apt # 205

City & State

Miami, FL

Zip

33179

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1146756

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUIS, EMMANUEL**907 NE 199 STREET 3205****MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LOUIS, EMMANUEL**
STREET ADDRESS **907 NE 199 STREET 3205**
CITY-ST-ZIP **MIAMI FL 33179**TITLE **D** ☐ Delete
NAME **DIAZ, ANGEL**
STREET ADDRESS **730 SW 71 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**TITLE **D** ☐ Delete
NAME **MCDONALD, DERRICK**
STREET ADDRESS **18840 NW 57 AVE #105**
CITY-ST-ZIP **MIAMI FL 33015**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Louis, Emmanuel**
STREET ADDRESS **907 NE 199th Street Apt #205**
CITY-ST-ZIP **Miami, FL 33179**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

305-249-4875

Daytime Phone #

CR2E034 (9/01)