2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

16812 SW 107 PLACE

MIAMI FL 33157

P01000096893

Mailing Address

MIAMI FL 33157

16812 SW 107 PLACE

1. Entity Name

GROUNDBREAKING ENTERTAINMENT, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90116 042 ***150.00

22001259

9 Principal F	Place of Business	3 Mailing Addre	266					
16812	pal Place of Business 2							
Suite, Apt.					☐ CHECK HERE IF MAKING CHANGES			
City & State City & State					4 . F	El Number 65-1144222		applied For lot Applicable
25 15	Zip Country Zip U.S.			Country 5.		Certificate of Status Desired [\$8.75 Ac Fee Requir	
	6. Name and Address of Curre	nt Registered Agent			7. N	ame and Address of New Regis	tered Agent	
	20 m (22 m)	سخوري والمتاج	-	-Name	- U 7 16	en de la company de la comp La company de la company d	and the same of the same of	
MCCORVEY, STOKES T				Street Address (P.O. Box Number is Not Acceptable)				
16812 SW	/ 107 PLACE		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MIAMI FL	33157							
*/				City			FL Zip Co	de
8. The above	named entity submits this statement	t for the purpose of ch	anging its register	ed office or regis	stered age	ent, or both, in the State of Florida.	I am familiar with	, and accept
	tions of registered agent.							
CICNIATUDE								
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when rei	nstating)	DATE	
	ILE NOW!!! FEE IS \$150.00		****					1
	r May 1, 2003 Fee will be \$550.0	o				9. Election Campaign Financi		00 May Be
	k Payable to Florida Department					Trust Fund Contribution.	⊔ Adde	ed to Fees
10.	OFFICERS AN	ND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11
TITLE	PO		elete TITL	E			Change	Addition
NAME	MCCORVEY, STOKES		NAM	E				
STREET ADDRESS	10812 SW 107 PLACE		STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		CITY	-ST-ZIP				
TITLE			elete TITL	E			☐ Change	Addition
NAME			NAM	E				
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CITY-ST-ZIP			CITY	-ST-ZIP				
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NAME			NAM	E		er i er		
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CITY-ST-ZIP							☐ Change	☐ Addition
			Delete TITLI	E E			☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME		□ i	Delete TITLI NAM STRE	E E		-		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			Delete TITLI NAM STRI CITY	E E EET ADDRESS -ST-ZIP		-	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TITLI NAM STRI CITY Delete TITLI NAM	E E EET ADDRESS -ST-ZIP E		-		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TITLI NAM STRI CITY Delete TITLI NAM STRIC	E E EET ADDRESS -ST-ZIP		-		Addition

2. Thereby certify that the Information supplies with this filling obes his quairy for the exhibition stated in Section 17.0 (A)(1), round stated. In 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 outh; 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 10 or Block 11 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

3/03 Date

305)-796-15/4 Daytime Phone # CR2E034 (10/02)

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