

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000101147

FILED  
Mar 10, 2003  
Secretary of State

Entity Name: OCTOBER NIGHT CORP.

**Current Principal Place of Business:**

P.O. BOX 694854  
MIAMI, FL 332694854

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 694854  
MIAMI, FL 332694854

**New Mailing Address:**

FEI Number: 65-1148815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREIDES, STUART  
19401 NE 22 AVE  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FREIDES, STUART  
Address: P.O. BOX 694854  
City-St-Zip: MIAMI, FL 332694854

Title: VP ( ) Delete  
Name: BROWN, CHARLES  
Address: 19401 NE 22 AVE  
City-St-Zip: MIAMI, FL 33180

Title: S ( ) Delete  
Name: KLESTINEC, RUTH  
Address: 19401 NE 22 AVE  
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART FREIDES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

03/10/2003

\_\_\_\_\_ Date