2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am g Secretary of State **DOCUMENT #** P01000101467 1. Entity Name 05-05-2002 90029 029 ***150.00 CELEBRITY COURT ENTERTAINMENT, INC. Principal Place of Business Mailing Address 932 SOUTH WICKHAM ROAD 932 SOUTH WICKHAM ROAD WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAGER, MARK ANTHONY Street Address (P.O. Box Number is Not Acceptable) 932 SOUTH WICKHAM ROAD WEST MELBOURNE FL 32904 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME Joseph Simao NAME STREET ADDRESS STREET ADDRESS 932 S. Wickham Road CITY-ST-7IP CITY-ST-ZIP W. Melbourne, FL 32904 ☐ Defete ☐ Change X Addition NAME NAME Mark Anthony Gager STREET ADDRESS STREET ADDRESS 932 S. Wickham Road CITY-ST-ZIP CITY-ST-ZIP W. Melbourne, FL · Delete TITLE 🔲 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE: _

REQUIRED SIGNATURE AND PREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/23/02

(321) 724-5600

Daytime Phone #