2003 FOR PROFIT CORPORATION Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000013726 DOCUMENT # 1. Entity Name 04-18-2003 90208 019 ***150.00 COLISEUM ENTERTAINMENT, INC. Principal Place of Business Mailing Address 13707 58TH ST. N. 13707 58TH ST. N. CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address 13707 58th STN. 13707 58th ST N ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Nearwater FL 04-3603832 earwater Not Applicable \$8.75 Additional <u>33760</u> 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, MELISA S Street Address (P.O. Box Number is Not Acceptable) 13707 58TH ST. N. **CLEARWATER FL 33760** City Zio 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: I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Pres V-Pres Sec Tres TITLE Richard I Fabrici Ir Delete TITLE ☐ Addition 'Sident Anthony A. Gaudiosi Saus with Aw S. NAME NAME 521 Pinellas Bayway #403 STREET ADDRESS STREET ADDRESS ST. Petersburg, FL. 3371 5 CITY-ST-ZIP CITY-ST-ZIP <u> Tierra Verde FL. 33715</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an additional properties.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIFFERENCE OF THE COLUMN OFFICE OR DIFFERENCE OF THE COLUMN OFFICE OR DIFFERENCE OF THE COLUMN OFFICE OFFICE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4-14-03 727-385-8026

☐ Addition

☐ Change

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