2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000014446

1. Entity Name

MERISTONE ENTERTAINMENT CORP.



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90050 022 ***150.00

Principal Place of Business Page Place							COO WE	TRU					
Suite, Apt. #. etc. Check Here is MAKING CHANGES City & State Country Zio Country As District Change of Status Desired St. 75 Additional Fee Required City & State Name and Address of Current Registered Agent Name City & State Name and Address of Current Registered Agent Name City FL Zio Code City FL	7673 MIRAMAR PARKWAY			7673	7673 MIRAMAR PARKWAY					1 1701/001 NJ 801/0 NJOJ 807/1 00			
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Name	Zip Country			Zip		Cour	ntry		5. (Certificate of Status Desired		8.75 Add	ditional
Name		6. Name	and Address of Current	Register	ed Agent		÷ ÷		7. N	Name and Address of New R	egistered A	gent	
Note					 		Name						
Note	GELIN W	ITHMEY											
MIRAMAR FL 33923 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept hit per object dame of inguistered agent, and take it applicable. (MOTE Registered Agent signature implies the resistance) SIGNATURE Signature, types or prised name of inguistered agent and take it applicable. (MOTE Registered Agent signature implies the resistance) Signature, types or prised name of inguistered agent and take it applicable. (MOTE Registered Agent signature implies the resistance) Signature, types or prised name of inguistered agent and take it applicable. (MOTE Registered Agent signature implies the resistance) Signature, types or prised name of inguistered agent and take it applicable. (MOTE Registered Agent signature implies the resistance) Signature, types or prised name of inguistered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered agent, or both, in the State of Florida. I am tamiliar with, and accept the registered registered registered registered registered registered registered registered registered			NA/AV		Stre			Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code													
B. The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and the registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both, in the State of Florida. I am familiar with, and accept and registered agent, or both,	MIKAMAK	FL: 33023			•								
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		certify that the	information supplied with	n this filing	does not qualify for			ed in Sec	tion 1	119.07(3)(i), Florida Statutes.	further certi	fy that the i	nformation

2. 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 supplied either 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 of director of the corporation or the receiver by mostlee englowered 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

Date

Daytime Phone #

ne Phone #