2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)									FILED				
DOCUMENT # P02000016160 1. Entity Name STRONG ARM ENTERTAINMENT INC.								i	03 JUL 18	AM 8: ;	35		
OTHORAC PARTY ELEVEL TO MANAGE TO THE CONTROL OF TH									SECRETARY FALLAHASSER	OF STAT	Έ		
Principal Place of Business 5309 W BROWARD BLVD #303 PLANTATION FL 33317			Mailing Address 5309 W BROWARD BLVD #303 PLANTATION FL 33317						WILLIAM MASSIE				
2. Principal Place of Business				3. Mailing Address) (10 11 17 1 kil 30 11 1 †1611 74 11 06 11		ib b iibi iibib	11) 36 1 36	
Suite, Apt. #, etc.			Suite, Apt. #, etc,					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. F	-El Number			plied For at Applicable	
Zip (Country		Zip	Zip		Country		5. (Certificate of Status Desired		8.75 Add ee Required		
6. Name and Address of Current F				egistered Agent				7. N	Name and Address of New Re	gistered Ag	ent		
IOSEMON	ND BENCO	N ·		•		"Name"							
JOSEMOND, BENSON 5309 W BROWARD BLVD #303						Street A	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33317				1									
TEMPARION FE 300 II											Zip Code		
	<u> </u>	City					FL	<u> </u>					
8. The above	named entity ions of regist	y submits this statement for	the purp	oose of changing its re	egistere	d office or	registere	ed age	ent, or both, in the State of Flori	da. I am far	niliar with,	and accept	
and doingar	Tons of regist	and against											
SIGNATURE .	Signature typed	or printed name of registered agent a	od title if an	olicable (NOTE:	Registered	Agent signat	ura required	when re	instaling)	DATE			
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FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750 Make Check Payable to Florida Department of								{	Election Campaign Fine Trust Fund Contribution.			May Be I to Fees	
10. OFFICERS AND			DIRECTORS 11					AD	DITIONS/CHANGES TO OFFIC			S IN 11	
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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 address, with all other like empowered.

SIGNATURE PEQUIRED SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:



July 10, 2003

To Whom It May Concern:

I Benson Josemond mailed in the required information with a check on April 4th, 2003. However the check # 1080 from Admiralty Bank has not yet cleared, I am not sure if the envelope got lost in the mail. Your office sent me a 2nd form saying that I am late, I contacted your office and explained the situation to one of your reps, and Per your representative's instructions, I am sending you this letter with another check for \$150.

Sincerely yours,

Benson Josemond

_ President