2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

P02000028144

Mailing Address

1. Entity Name

NO BANANAS MARINE ENTERTAINMENT SYSTEMS, INC.

changed, or on an attachment with an address, with all other like empowered.



FILED Apr 23, 2003 8:00 am Secretary of State
04-23-2003 90097 029 ***150.00

5520 WILLOUGHBY DR. MELBOURNE FL 32934		5520 WILLOUGHBY DR. MELBOURNE FL 32934				1 1 89 1/181 (11 88 1/18 (18)) 8			
2. Principal Place of Business 3. Mailing Address 6. 85 IDTH STREET 6. BOX 780S									
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF			ERE IF MAKING	CHANGES	
City & State SEMSTIAN (FL SEBASTIAN / F			J,FL	-		59-376153	3	<u> </u>	oplied For ot Applicable
2ip 30958 Country 30978-0515				try A :		5. Certificate of Status Desired \$8.75 Additional Fee Required			
<u> </u>	6. Name and Address of Current	Registered Agent		Noma	7	Name and Address of N	ew Registered A	gent	
HARAS, ANDREW				Name ANDREW HARAS Street Address (P.O. Box Number is Not Acceptable)					
5520 WILLOUGHBY DR.				6685 HOTH STREET					
MELBOUF		City				T zio Cod			
				City S €	BASTI	AN	FL	Zip Cod	Š8
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 Light HARS PLESTOET 4/2/03 Grature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaig Trust Fund Contri	bution.	Added	May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D HARAS, ANDREW 5520 WILLOUGHBY DR. MELBOURNE FL 32934	□ Delete		E Et address	D ANDREW 6685 SEAAST	I HARAS 110 TH STREET DAW, FC 32958		⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		:	- 0		·	☐ Change	Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	The second of th	,	NAM! STRE			in the second second		← Change	Addition
TITLE NAME Street address City-St-Zip	***************************************	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition
indicated	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	is true and accurate and t	that my signat	ure shall ha	ve the san	ne legal effect as if made ut	nder oath; that I ar	n an officer	or director