2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P02000033557 DOCUMENT

1. Entity Name

ADDISON ENTERTAINMENT, INC.



4. FEI Number

Principal Place of Business

2. Principal Place of Business

3039 CADIZE ROAD **BOCA RATON FL 33432** Mailing Address

3039 CADIZE ROAD **BOCA RATON FL 33432**



FILED

04-28-2003 90292 044 ***150.00

Apr 28, 2003 8:00 am § Secretary of State

CHECK HERE IF MAKING CHANGES

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEARNS WEAVER MILLER, ET. AL. Street Address (P.O. Box Number is Not Acceptable) C/O RICHARD E. SCHATZ 150 WEST FLAGLER STREET #2200 **MIAMI FL 33130** 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. 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

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition PRESDENT NAME WOHL, MICHAEL A NAMÉ MOHL, MCHAE 3039 CADIZE ROAD STREET ADDRESS STREET ADDRESS Suite 103 MM **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME onl STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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

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 attachme vith an address, with all other like emp

SIGNATURE:

Applied For