

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90143 001 \*\*\*150.00

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

**DOCUMENT # P02000034168**

1. Entity Name  
**FUNKINGS ENTERTAINMENT, INC.**



**90137600**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0438444** Applied For ☐  
Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANDERSON, ROBERT**  
**320 S FLAMINGO ROAD STE 298**  
**PEMBROKE PINES, FL 33027**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** 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 registering)

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 Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	<b>D</b>	<b>ANDERSON, ROBERT</b>	<b>320 S FLAMINGO ROAD STE 298</b>	<b>PEMBROKE PINES, FL 33027</b>	<input type="checkbox"/>
	<b>D</b>	<b>JAMES, ROBERT</b>	<b>16406 SW 39TH STREET</b>	<b>MIRAMAR, FL 33027</b>	<input type="checkbox"/>
	<b>D</b>	<b>BAROSY, REGINALD</b>	<b>562 DEMOTT AVENUE</b>	<b>BALDWIN, NY 11610</b>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)

Attachment.

90137600

May 20, 2003

Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Document #P02000034168, Renewal**

Dear Madam:

Pursuant to our conversation today, please be advised that we did not receive a 2003 Uniform Business Report in January. Based on your recommendation we are submitting the renewal notice as well as a check for \$150.00 for processing. Thank you.

Yours truly,



Robert Anderson  
President