

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90994 030 ***150.00

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DOCUMENT # P02000037214

1. Entity Name
DABBA DO MULTIMEDIA, INC.



Principal Place of Business
1924 PREMIER ROW
ORLANDO FL 32822

Mailing Address
1924 PREMIER ROW
ORLANDO FL 32822



2. Principal Place of Business

19647 GLEN ELM WAY

Suite, Apt. #, etc.

3. Mailing Address

19647 GLEN ELM WAY

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO FL

City & State

ORLANDO, FL

Zip

32833

Country

US

Zip

32833

Country

US

4. FEI Number

75-3040992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GILES, J. DENNIS
635 BREVARD AVE.
COCOA FL 32922-7807

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 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 Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME BUCKLEY, DENISE A
STREET ADDRESS 3320 S. SEMORAN BLVD., #2
CITY-ST-ZIP ORLANDO FL 32822

TITLE VD ☐ Delete
NAME GILES, J. DENNIS
STREET ADDRESS 635 BREVARD AVE.
CITY-ST-ZIP COCOA FL 32922-7807

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 19647 GLEN ELM WAY
CITY-ST-ZIP ORLANDO, FL 32833

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

Denise A. Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

Daytime Phone #

CR2E034 (10/02)