

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90420 023 \*\*\*150.00

0044392 AV

**DOCUMENT # P02000052639**

1. Entity Name  
**MO-RAL ENTERTAINMENT, INC.**



Principal Place of Business  
**2983 BYINGTON CT  
TALLAHASSEE FL 32303**

Mailing Address  
**2983 BYINGTON CT  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**50-0002860**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, ADRIAN  
2983 BYINGTON CT  
TALLAHASSEE FL 32303**

Name **Aterrius C. Moore**  
Street Address (P.O. Box Number is Not Acceptable)  
**2983 Byington Ct.**

City **Tallahassee** **FL** Zip Code **32303**

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 **Aterrius C. Moore**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-16-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORK, MICHAEL</b>	
STREET ADDRESS	<b>2983 BYINGTON CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, ATERRIUS C</b>	
STREET ADDRESS	<b>2983 BYINGTON CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, ADRIANUS M</b>	
STREET ADDRESS	<b>2983 BYINGTON CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE		<input type="checkbox"/> Delete
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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:

**SIGNATURE MOORE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.16.03** **(850) 536-0051**

Date

Daytime Phone #

CR2E034 (10/02)