

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90127 035 \*\*\*150.00

**DOCUMENT # P02000054680**



1. Entity Name  
**BRAWN ENTERTAINMENT INC.**

Principal Place of Business  
**486 NE 210 CIR TERR #102  
NORTH MIAMI FL 33179**

Mailing Address  
**486 NE 210 CIR TERR #102  
NORTH MIAMI FL 33179**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-449-6981**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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

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

**MARCUS, SCOTT  
300 BISCAYNE BLVD  
MIAMI FL 33131**

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**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD	KERLEW, AMAR	486 NE 210 CIR TERR #102	NORTH MIAMI FL 33179	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	KERLEW, AMAR	486 NE 210 CIR TERR #102	NORTH MIAMI FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	HARVEY, CECILIE	486 NE 210 CIR TERR #102	NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M	FERNANDEZ, JOHN P.	12157 W LINDBAUGH AVE #309	TAMPA, FL 33626	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	HARVEY, MARLENE	486 NE 210th CIR TERR #102	North Miami FL 33179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	BLAIR LESLIE	8260 CLEARY BLVD #2609	Plantation, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CORRMAN, DIANE	486 NE 210th CIR TERR #102	NORTH MIAMI FL 33179	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 REQUIRED**

01/14/03

(305) 652-3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)