APPROVED AND FILED

03 SEP 30 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000062467**

1. Entity Name
NIGHT TIME ENTERTAINMENT, INC.

200023524232
10/03/03--01002--027 **68.25

Principal Place of Business	Mailing Address
13515 EXOTICA LANE WELLINGTON, FL 33414	13515 EXOTICA LANE WELLINGTON, FL 33414

2. Principal Place of Business		3. Mailing Address	
4047 Okeechobee Blvd		4047 Okeechobee Blvd	
Suite, Apt #, etc. #201		Suite, Apt #, etc. #201	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33409	Country USA	Zip 33409	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0464627** ☐ 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
GHAWALI, JOUDEH J 13515 EXOTICA LANE WELLINGTON, FL 33414	Name Louis J. Terminello, Esq. Street Address (P.O. Box Number is Not Acceptable) ~~TERMINELLO & TERMINELLO, P.A.~~ 2700 S.W. 37th Avenue City Miami **FL** Zip Code 33133

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 ______________________ 09/26/03
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
Amended UBR is $61.25
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	PVST GHAWALI, JOUDEH J 13515 EXOTICA LANE WELLINGTON, FL 33414	☐ Delete	PVST Ghawali, Joudeh J. 4047 Okeechobee Blvd., #201 West Palm Beach, FL 33409	xx ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: ______________________ 09/26/03 (561) 848-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #