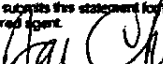
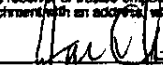


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90081 045 ***158.75

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

DOCUMENT # P02000065304			
1. Entity Name MOB ENTERTAINMENT, INC.			
Principal Place of Business 4819 GLENBROOKE DR. SARASOTA, FL 34243		Mailing Address 4819 GLENBROOKE DR. SARASOTA, FL 34243	
2. Principal Place of Business 2803 INDIANWOOD DR Suite, Apt. #, etc.		3. Mailing Address 2803 INDIANWOOD DR Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34232		City & State SARASOTA, FL Zip 34232	
Country USA		Country USA	
4. FEI Number 02-0622666		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANE, KERRY 4819 GLENBROOKE DR. SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name CHO, JAE Street Address (P.O. Box Number is Not Acceptable) 2803 INDIANWOOD DR City SARASOTA FL Zip Code 34232	
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  V.P. JAE CHO DATE 3/29/03 Signature: typed or stamped name of registered agent, and date if applicable. (NOTE: Registered Agent's name stamped when missing)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	LANE, KERRY		
STREET ADDRESS	4819 GLENBROOKE DR.		
CITY-ST-ZIP	SARASOTA, FL 34243		
TITLE	S	☐ Delete	
NAME	CHO, JAE		
STREET ADDRESS	2803 INDIANWOOD DR.		
CITY-ST-ZIP	SARASOTA, FL 34232		
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			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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(2)(b), 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:  JAE CHO		DATE 3/29/03 941-809-4549	