APR. 25. 2003 8:58AM HILL WARD HENDERSON

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91511 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075160

1. Entity Name

Jazz Entertainment, Inc.

10089753

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5401 West Kennedy Boulevard	5401 West Kennedy Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33609 Country: USA	Zip: 33609 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 14-184042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hudoba, Stephen M.

Street Address (P.O. Box Number is Not Acceptable)

101 East Kennedy Boulevard, Suite 3700

City: Tampa FL Zip Code: 33602

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 _____ (NOTE: Registered Agent signature required when changing) DATE

January 1 - April 1, Fee is $150.00
After April 1, Fee is $400.00
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wheless, Ted S. 5401 West Kennedy Blvd, Tampa, FL 33609	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/03 (813) 289-8446
SIGNATURE AND TYPED OR PRINTED NAME OF ENTITY OFFICER OR DIRECTOR — Date — Daytime Phone #