

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90127 031 ***150.00

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DOCUMENT # P02000077656

1. Entity Name
MALIE ENTERTAINMENT INC.



Principal Place of Business
PO BOX 645
TALLAHASSEE FL 32302

Mailing Address
PO BOX 645
TALLAHASSEE FL 32302

11030920



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

16-1653641

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

LIEBENHAUT, MATTHEW
2343 MISSION RD #2
TALLAHASSEE FL 32304

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

PCEO
LIEBENHAUT, MATTHEW
2343 MISSION RD #2
TALLAHASSEE FL 32304

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LIEBENHAUT, ANDREW
2343 MISSION RD #2
TALLAHASSEE FL 32304

☒ Delete

TITLE
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TALLAHASSEE FL 32304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Liebenhaut, Matthew
2343 Mission Rd. #2
Tallahassee, FL 32304

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Liebenhaut, Andrew
2343 Mission Rd. #2
Tallahassee, FL 32304

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Sealey, Brian
11232 SW 153rd Ter.
Miami, FL 33157

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LIEBENHAUT, ANDREW
2343 MISSION RD #2
TALLAHASSEE FL 32304

☐ Change ☐ Addition

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TALLAHASSEE FL 32304

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

Date

Daytime Phone #

CR2E034 (10/02)