

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90140 035 ***158.75

DOCUMENT # P02000096924

1. Entity Name
GATEWAYS ENTERTAINMENT HOLDINGS, INC.



Principal Place of Business
**14569 AUTOBON FALLS COURT
ORLANDO FL 32828**

Mailing Address
**14569 AUTOBON FALLS COURT
ORLANDO FL 32828**



2. Principal Place of Business

2245 Malibu Lakes Circle

3. Mailing Address

2245 Malibu Lakes Circle

Suite, Apt. #, etc.

Unit 428

Suite, Apt. #, etc.

Unit 428

City & State

Naples FL

City & State

Naples FL

Zip

34119

Country

Zip

34119

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1625992**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHRISTMAS, DIANNE
14569 AUTOBON FALLS COURT
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER KEHL**
Street Address (P.O. Box Number is Not Acceptable)
2245 Malibu Lakes Circle
Unit 428
City **NAPLES** **FL** Zip Code **34119**

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 **Christopher Kehl**
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

TITLE	P.S	<input type="checkbox"/> Delete
NAME	CHRISTMAS, DIANNE	
STREET ADDRESS	14569 AUTOBON FALLS COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S,	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER KEHL	
STREET ADDRESS	2245 Malibu Lakes Circle	
CITY-ST-ZIP	Naples, FL. 34119	
TITLE	P.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis Nault	
STREET ADDRESS	10411 Le Blanc street	
CITY-ST-ZIP	Montreal-Quebec Canada H1H5C1	
TITLE	COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(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: **Christopher Kehl**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2003 **407-617-9864**
Date Daytime Phone #

CR2E034 (10/02)