2003 FOR PROFIT CORPORATION

P02000124612

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT #

E & B ENTERTAINMENT CORP.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91490 034 ***150.00

				15			
Principal Place of Business 17 CORAL REEF CT. SOUTH PALM COAST FL 32137		Mailing Address 17 CORAL REEF CT. SOUTH PALM COAST FL 32137				INT LYNNO FLORIL GLORGE NITRE I	(1810 (JAJ 1888)
2. Principal F	Place of Business	3. Mailing Add	Iress	<u></u>			
Suite, Apt. #, etc.		Suite, Apt. #	, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 1547		pplied For
Zìp	Country	Zip	Cou	intry	5. Certificate of Status Desired	S8.75 Ad	Iditional
	6. Name and Address of Curre	ent Registered Agen	t		7. Name and Address of New Reg	istered Agent	
				Name			
SPIEGEL 8	UTRERA, P.A. 2ND ST.		Street Address		(P.O. Box Number is Not Acceptable)		
4TH FLOO				, in the second			
MIAMI FL 33145				City	FL Zip Code		
	tions of registered agent.				red agent, or both, in the State of Florid		, and accept
	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Register	red Agent signature require	d when reinstating)	DATE	
Afte	ILÉ NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Departmen	t of State			9. Election Campaign Finand Trust Fund Contribution.		DO May Be d to Fees
10.	OFFICERS A	ND DIRECTORS	11		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11
TITLE	PSTD		Delete TIT			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	RAGULINA, ELVIRA 17 CORAL REEF CT. SOUTH			ME REET ADDRESS Y-ST-ZIP			
TITLE	PALM COAST FL 32137	. гл	Delete TIT			☐ Change	Addition
NAME	·	اا	NA			Change	☐ Addition
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			CIT	Y-ST-ZIP			
TITLE		П	Delete TiT	LE		☐ Change	Addition
NAME			NAI	ME		_ ,	_
STREET ADDRESS .	د جانب سیمیون که در میکود		STF	REET ADDRESS	Service Control of the Control of th		
CITY-ST-ZiP			CIT	Y-ST-ZIP			
TITLE			Delete TITI	LE		☐ Change	☐ Addition
NAME			NAF	WE			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			CIT	Y-ST-ZIP			
TITLE			Delete TITI			☐ Change	Addition
NAME			NAM				
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CITY-ST-ZIP			CIT	Y-ST-ZIP			
TITLE			Delete TITI			Change	Addition
NAME			NAM				
STREET ADDRESS				ÉET AODRESS			
CITY-ST-ZIP	,			Y-ST-ZIP			
12. I hereby o	certify that the information supplied v	with this filing does no	t qualify for the exe	emption stated in Se	ection 119 07(3)(i). Florida Statutes, Lifur	ther certify that the i	nformation

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Date