

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90221 042 \*\*\*150.00

DOCUMENT # P02000124636



1. Entity Name  
XELA ENTERTAINMENT GROUP, INC.

Principal Place of Business  
641 S.W. 99TH AVENUE  
PEMBROKE PINES FL 33025

Mailing Address  
641 S.W. 99TH AVENUE  
PEMBROKE PINES FL 33025



2. Principal Place of Business  
3888 NW 167 St  
Suite, Apt. #, etc.

3. Mailing Address  
2136 SW 166 AVE  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
Miami Fla.  
Zip  
33054  
Country  
U.S.

City & State  
Miramar Fl.  
Zip  
33027  
Country  
U.S.

4. FEI Number 38-3666033  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, ALEXANDER  
641 S.W. 99TH AVENUE  
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name Alex LeCount  
Street Address (P.O. Box Number is Not Acceptable)  
2136 SW. 166 AVE  
City Miramar FL Zip Code 33027

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 *Alex LeCount*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/03/03  
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	D	<input type="checkbox"/> Delete
NAME	HARRIS, ALEXANDER	
STREET ADDRESS	641 S.W. 99TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	President	<input type="checkbox"/> Delete
NAME	Alex LeCount	
STREET ADDRESS	2136 SW 166 AVE	
CITY-ST-ZIP	Miramar Fl. 33027	
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		

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		
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: *Alexander Harris* 2/3/03 305-628-1276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)