2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000127315 DOCUMENT

1. Entity Name



05-02-2003 90113 015 ***150.00 GOOD TIMES ENTERTAINMENT, INC. Principal Place of Business Mailing Address 498 MARINER DRIVE **498 MARINER DRIVE** JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEJ Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORA, MIKE Street Address (P.O. Box Number is Not Acceptable) 498 MARINER DRIVE JUPITER FL 33477 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition Delete NAME NAME FLORA, MIKE STREET ADORESS STREET ADDRESS **498 MARINER DRIVE** CITY-ST-7IP CITY-ST-ZIP Jupiter FL 33477 TITLE ☐ Delete TITLE Change Addition NAME NAME FLORA, JOSEPH R STREET ADDRESS STREET ADDRESS **498 MARINER DRIVE** CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME SCAROLLA, JOSEPH NAME STREET ADDRESS STREET ADDRESS **498 MARINER DRIVE** CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY~ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 at

SIGNATURE:

May 02, 2003 8:00 am Secretary of State