

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 03, 2003 8:00 am
Secretary of State

06-12-2003 90006 004 ***150.00

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1. Entity Name

NEW MILLENNIUM ENTERTAINMENT, INC.

Principal Place of Business

**4631 DRIESLER CIRCLE
TAMPA FL 33634**

Mailing Address

**4631-DRIESLER-CIRCLE
TAMPA-FL-33634**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 19178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

Country

33686

Country

HILLSBOROUGH

4. FEI Number

42-1567281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHINEA, FRANCISCO J
4631 DRIESLER CIRCLE
TAMPA FL 33634**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **PD CHINEA, FRANCISCO J**
STREET ADDRESS **4361 DRIESLER CIRCLE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☒ Delete
NAME **VD VISALDEN, JOSE**
STREET ADDRESS **P.O. BOX 556**
CITY-ST-ZIP **BRANDON FL 33519**

TITLE ☐ Delete
NAME **VD JAINET CHINEA**
STREET ADDRESS **P.O. BOX 19178**
CITY-ST-ZIP **TAMPA, FL 33686**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03 813-789-706
Daytime Phone #

CR2E034 (1/0/02)