

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000115936

Entity Name: ULTIMATE ENTERTAINMENT INC

FILED
Nov 02, 2004
Secretary of State

Current Principal Place of Business:

1490 SW 164 AVENUE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1490 SW 164 AVENUE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECRUISE, DARYLE
1490 SW 164 AVENUE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

DECRUISE, CARYLE
1490 SW 164 AVENUE
PEMBROKE PINES, FL 33027 US

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.

SIGNATURE: CARYLE DECRUISE

11/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECRUISE, CARYLE
Address: 1490 SW 164 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DECRUISE, CARYLE
Address: 1490 SW 164 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARYLE DECRUISE

P

11/02/2004

Electronic Signature of Signing Officer or Director

Date