

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90017 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # P36054</b>  |  |  |  |
| 1. Entity Name<br><b>PARADISE FILM GROUP, INC.</b>  |  |  |  |
| Principal Place of Business<br><b>1000 UNIVERSAL STUDIOS PLAZA<br/>ORLANDO FL 32819<br/>US</b>  |  | Mailing Address<br><b>P O BOX 690788<br/>ORLANDO FL 32869<br/>US</b>   |  |
| 2. Principal Place of Business<br><b>1701 PARK CENTRAL DR<br/>SUITE 110<br/>ORLANDO FL<br/>32835</b>  |  | 3. Mailing Address<br><b>SUITE 110<br/>ORLANDO FL</b>  |  |
| 4. FEI Number <b>38-2416143</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>ALBERTINE, MICHAEL O.<br/>2400 E. COMMERCIAL BLVD.<br/>STE. 318<br/>FT. LAUDERDALE FL 33308</b>   |  |  |  |
| 7. Name and Address of New Registered Agent<br><b>FRANK GARNETTI<br/>1701 PARK CENTRAL DR.<br/>SUITE 110<br/>ORLANDO FL FL 32835</b>  |  |  |  |
| 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.<br>SIGNATURE <b>Frank Garnetti</b> <b>FRANK GARNETTI</b> <b>1-03-01</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br><small>(See criteria on back)</small>   |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 11. OFFICERS AND DIRECTORS  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE <b>CDP</b><br>NAME <b>GARNETTI, FRANK A.</b><br>STREET ADDRESS <b>521 SHEPHERD AVE</b><br>CITY-ST-ZIP <b>WINTER PARK FL</b>   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     |  |
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| 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |
| SIGNATURE: <b>Frank Garnetti</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <b>1-03-01</b> <b>407-822-8982</b><br><small>Date Daytime Phone #</small>  |  |

CR2E034 (10/00)