2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9300070647						FILED Apr 20, 2001 08:00 AM				
1. Entity Nam PARADISE	¢ E PRODUCTIONS ENTERPRISE	ES, INC.				Secretary	of Sta	te		
Principal Place		Mailing Address 6677 STRATFORD DR								
PARKLAND 33067	FL	PARKLAND 33067		FL						
2. Principal P	lace of Business BAY BLVD.	3. Mailing Address 11301 HERON BAY BLVD.								
Suite, Apt. #2915	#, etc.	Suite, Apt. #, etc. #2915				DO NOT WRITE IN THIS SPACE				
City & State CORAL SPRIN		City & State CORAL SPRINGS	FL			. FEI Number 55-0445676		_	Applied For	1
Zip 33076	Country	Zip 33076	Coun	itry	5	. Certificate of Status Desired		\$8.75 Ac		
	6. Name and Address of Current	Registered Agent	-		7	. Name and Address of New			<u></u>	1
MOSS MICHAEL 6677 STRATFORD DR						HAEL Box Number is Not Acceptal BLVD.	ole)	<u></u>	<u></u>	
PARKLAND		L		#2915						
33067	US			City	SPRINGS		FL	Zip Co 33076	de	
8. The above	named entity submits this statement fo	r the purpose of changing its re	gister			agent, or both, in the State of	Florida.	33070		1
SIGNATURE _	MICHAEL MOSS Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registere	d Agent signat.	re required whe	n reinstating)	- 04/20/	<u> 2001                                   </u>		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable	Fee	will be \$5	50.00	10. Election Campaign Trust Fund Contribut		<b>\$5.</b> I Adde	00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.		,	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 11	1_
TITLE NAME STREET ADDRESS	D HERMAN HARVEY 118 E 25 ST 12TH FL	☐ Delete	NAM STDE		D HERMAN	N HARVEY ADWAY 12TH FL		X Change	Addition	034 (11/00
CITY-ST-ZIP	NEW YORK	NY 10010		-ST-ZIP	NEW YO		NY .	10003		
TITLE	D MOSS MIGHAEL	☐ Delete	TITU		D			X Change	☐ Addition	CR26
NAME STREET ADDRESS CITY-ST-ZIP	MOSS MICHAEL 6677 STRATFORD DR PARKLAND	FL 33067		e et address - St-Zip	MOSS 11301 HE CORAL S	MICHAEL RON BAY BLVD. #2915 SPRINGS	FL	33076		
TITLE		☐ Delete	TITU					☐ Change	☐ Addition	-
NAME STREET ADDRESS CITY-ST-ZIP				e et address -st-zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	Addition	-
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, the trustee in the control of the cont	strue and accurate and that my owered to execute this report as	Simna	ti ire shali ni	ava tha cam	ia lacal attact se it mada i nde	e anthe that I a	m an office	e or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR