## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P93000088134 X-Entertainment Corporation 04-05-2001 90014 018 \*\*\*150.00 Principal Place of Business Mailing Address 630 U.S. HHY 1 630 U.S. Huy 1 Suite 205 Suite 205 AU042833 North Palm Beach FL 33408 North Palm Beach FL 33408 3. Mailing Address Clo Prager & Feuton 2. Principal Place of Business 292 S. County 675 Third Arc Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3rd Floor Suite 213 City & State Palm Beach FL City & State 4. FEI Number Applied For N.Y. New York 65-0459939 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 10017 VSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (11/00) TITL F ☐ Delete TITLE Change Dury Nicole NAME 675 Third Ave 3rd Floor STREET ADDRESS STREET ADDRESS New York. N.4. 10017 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change Bielski Karen NAME NAME 292 S. County Ra suite 213 STREET ADDRESS STREET ADDRESS Palm Beach, FL33480 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME . .. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true 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 address, with all other like empowered.

Daytime Phone #

SIGNATURE: