

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90006 030 \*\*\*150.00

**DOCUMENT #** P9400000 4437

1. Entity Name

FREEDOM ENTERTAINMENT CORPORA

Principal Place of Business

Mailing Address

3691 SR 580 UNIT H  
OLDSMAR FL 346773691 SR 580 UNIT H  
OLDSMAR FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KEITH R  
3691 SR 580 UNIT H  
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

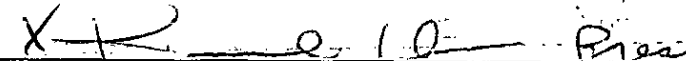
City

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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00**  
Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPP  
JOHNSON, KEITH R  
3691 SR 580 UNIT H  
OLDSMAR FL 34677 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ ChangeTITLE  
NAME  
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CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change

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 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 12, 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

4/15/00