2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P94000004437 DOCUMENT

1. Entity Name

FREEDOM ENTERTAINMENT CORPORATION



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90148 032 ***150.00

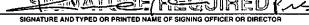
Principal Place 3691 SR 580 STE H OLDSMAR FL US		S	Mailing Address 3691 SR 580 STE H OLDSMAR FL 34677 US									
2. Principal P	Place of Busin	ness	3. Mailing Address					1 14011441 LID 10111 DIDII 08118 101	LI Di diki udali qu		(\$)() [QF] [OD]	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e		City & State				4.	FEI Number 59-3339626			pplied For at Applicable	
Zip	Zip Country			Zip Count			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	Registered Agent			<u> </u>	7. Name and Address of New Registered Agent						
			•			Name	Name					
_	n, keith r	_			Street Add	Street Address (P.O. Box Number is Not Acceptable)						
5770 ROC SUITE 50	dsevelt bl O	_VD.					*		·			
CLEARWATER FL 34620									FL	Zip Cod	e	
the obligat	ions of regist		the purpo	ose of changing its	register	ed office or r	egistered ag	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if appli	icable. (NOTE	: Registere	d Agent signature	e required when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Fin Trust Fund Contribution		\$5.0 Added	0 May Be to Fees	
10.		OFFICERS AND	DIRECTORS 11.				AC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5770 ROC	i, Keith R Sevelt Blvd. #500 Ter Fl 34620		Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second of the	₩ ** U	Delete			aasan mga i sterk	Bender in the second of the se		Change	☐ Addition	
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TITLE NAME STREET ADDRESS			,	☐ Delete	TITLI NAM STRE					☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



Daytime Phone #