

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

0129104 AV

03-27-2003 90308 001 \*\*\*600.00

**DOCUMENT # P94000015169**



1. Entity Name  
**FAMOUS FACES AND FUNNIES, INC.**

Principal Place of Business  
1731 WICKHAM ROAD  
MELBOURNE FL 32935

Mailing Address  
141 E. HIBISCUS BLVD  
MELBOURNE FL 32901  
US



2. Principal Place of Business  
**3146 LAKE WASHINGTON ROAD**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MELBOURNE**

City & State

4. FEI Number **59-3228123**

Applied For  
Not Applicable

Zip **32934** Country **BREVARD**

Zip Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BROWNING, GEORGE B**  
141 E HIBISCUS BLVD  
MELBOURNE FL 32901

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BROWNING, GEORGE B</b>	
STREET ADDRESS	<b>141 E HIBISCUS BLVD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>Kevin Browning</b>	<input type="checkbox"/> Delete
NAME	<b>141 E HIBISCUS BLVD.</b>	
STREET ADDRESS	<b>MELBOURNE, FL 32901</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *George B Browning* **3-21-2003 321-725-6320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)