## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P9400060880** 1. Entity Name PRESTIGE ENTERTAINMENT, INC. 03-21-2000 90004 044 \*\*\*150.00 Principal Place of Business Mailing Address 108 PAPER CIRCLE 108 PACER CIRCLE WELMNSTON FL 33414-4051 WELLINGSON FL 33414 2. Principal Place of Business 3. Mailing Address 45 WESTFALLS LAND Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ALM GOAS 5 WESTFALL City & State 4. FEI Number Applied For 65-0514804 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Ager Name QUACKENBUSH, JOHN Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414 PALM COAST, FZ 32164 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangale 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. PSC ☐ Addition ☐ Change TITLE ☐ Delete TITLE QUACKENBUSH, JOHN NAME NAME 100 PACER CIRCLE 45 WESTFALLS LAWE STREET ADDRESS STREET ADDRESS ALM COASTIFE 3216X WELLINGTON-FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 trustee 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR