FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

95 JUL 14 PM 4:20

DOCUMENT # P94000087760

1. Corporate Name: ULTRAVIOLET ENTERTAINMENT, INCORPORATED

Principal Place of Business: 924 WEST COLONIAL DRIVE, ORLANDO, FLORIDA 32804

Mailing Address: 229 EMORY PLACE, ORLANDO, FLORIDA 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 924 W. COLONIAL DR., ORLANDO, FL	26 229 EMORY PLACE
Suite, Apt. #, etc. 22 -NA-	Suite, Apt. #, etc. 27 -NA-
City & State 23 ORLANDO, FLORIDA	City & State 28 ORLANDO, FLORIDA
Zip 24 32804 / County 25 ORANGE	Zip 29 32804 / County 30 ORANGE

4. FEI Number: 57-3280006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PAUL A. GREN
229 EMORY PLACE
ORLANDO, FLORIDA 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: PAUL A. GREN (PRESIDENT) 7-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	TITLE	☐ Change ☐ Addition
NAME	PAUL A. GREN	NAME	
STREET ADDRESS	229 EMORY PLACE	STREET ADDRESS	
CITY ST ZIP	ORLANDO, FLORIDA 32804	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	400001540464
STREET ADDRESS		STREET ADDRESS	-07/18/95--01098--021
CITY ST ZIP		CITY ST ZIP	****225.00 ****225.00
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PAUL A. GREN (PRESIDENT) 7-11-95 (407) 872-8665 / 872-8682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR