FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089111 (6)

1. Corporation Name
US1 ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
615 NORTH COCOA BLVD. COCOA FL 32922	615 NORTH COCOA BLVD. COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address: P.O. Box 15110	4. FEI Number: 59-3282082	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State: DAYTONA BCH, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip: 32115 / 30 Country: US	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name: Theodore R. Doran
02 Street Address (P.O. Box Number is Not Acceptable): 444 SEABREEZE BLVD.
03 Suite 800
04 City: DAYTONA BEACH FL 05 Zip Code: 32118

11. Pursuant to the provisions of Sections 607.0505 and 607.1216, 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: [signature] 4/24/95
(Attach a typed or printed name of registered agent and title if applicable) (Attach Registered Agent signature request letter if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SEAN F. McCabe	12 NAME	
STREET ADDRESS	5221 E. Colonial Drive	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL. 32807	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	Sean F. McCabe	22 NAME	
STREET ADDRESS	5221 E. Colonial Drive	23 STREET ADDRESS	
CITY ST ZIP	Orlando, FL 32807	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 this 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: [signature] Sean F. McCabe 4/21/95 407-281-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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