

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000019974

FILED
Apr 28, 2003
Secretary of State

Entity Name: SKULL KINGDOM INC.

Current Principal Place of Business:

7121 GRAND NATIONAL DRIVE
SUITE 101
ORLANDO, FL 32819 US

New Principal Place of Business:

5931 AMERICAN WAY
ORLANDO, FL 32819 US

Current Mailing Address:

7121 GRAND NATIONAL DRIVE
SUITE 101
ORLANDO, FL 32819 US

New Mailing Address:

4484 34TH STREET
ORLANDO, FL 32811 US

FEI Number: 59-3389382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSARI, TAHIR S
10469 DOWN LAKEVIEW CIRCLE
WINDEREMERE, FL 34786 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANSARI, TAHIR S
Address: 5933 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Delete
Name: DOYLE, JAMES
Address: 5933 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAHIR S. ANSARI

DIR

04/28/2003

Electronic Signature of Signing Officer or Director

Date