FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03

FILED
03 AUG -8 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000023546

1. Entity Name
A Act Entertainment Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1203 N. Andrews Ave		P.O. Box 70809	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Fort Lauderdale Fl		City & State: Fort Lauderdale Fl	
Zip: 33311	Country: Broward.	Zip: 33307	Country: Broward.

DO NOT WRITE IN THIS SPACE

4. FEI Number 650653276 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Steven Stanley
Street Address (P.O. Box Number is Not Acceptable): 1203 N. Andrews Ave
City: Fort Lauderdale FL Zip Code: 33311

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Sole Chairman
NAME	Steven Stanley
STREET ADDRESS	1203 North Andrews Ave
CITY-ST-ZIP	Fort Lauderdale Fl 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
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CITY-ST-ZIP	

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08/18/03--01005--001 **300.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Officer 7-8-03 954-214-4961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #