

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P96000069177

1. Entity Name

NIKKO ENTERTAINMENT, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

02-24-2000 90054 034 ***150.00

Principal Place of Business

928 CLINT MOORE RD
 BOCA RATON FL 33487
 US

Mailing Address

928 CLINT MOORE RD
 BOCA RATON FL 33487-2801
 US

2. Principal Place of Business

23269 S. State Rd 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#119

City & State

Boca Raton FL

City & State

Zip

33428

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

RADICE, MICHAEL
 2175 NE 56TH ST
 SUITE 217
 FT LAUDERDALE FL 33308

*Delete
 Address*

7. Name and Address of New Registered Agent

Name RADICE, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

23269 S. St. Rd 7 Suite 119

Boca Raton FL 33428

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-00

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DCT
 NAME RADICE, MICHAEL ☒ Delete
 STREET ADDRESS 928 CLINT MOORE RD - (only address)
 CITY-ST-ZIP BOCA RATON FL

TITLE Michael Radice ☐ Delete
 NAME 23269 S. St. Rd 7 Suite 119
 STREET ADDRESS Boca Raton FL 33428
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NIKKO Entertainment ☒ Change ☐ Addition
 NAME 23269 S. St. Rd 7 Suite 119
 STREET ADDRESS Boca Raton FL 33428
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-00 561-988-8255

CR2E034 (9/99)