Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

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Apr 11, 2002 8:00 am DOCUMENT # P96000070089 **Secretary of State** 1. Entity Name BRUNO WHITE ENTERTAINMENT, INC. 04-11-2002 90012 040 ***150 00 Mailing Address Principal Place of Business 700 S BASS ROAD 700 S BASS ROAD KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3403149 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PODMENIK, JOHN W 213 CRANBERRY LANE **BRANDON FL 33510** ement for the purpose 8. The above named entity submits this hanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WHITE, TERRI 1649 HARINA KAKE DRIVE ☐ Delete 💢 Change ☐ Addition TITLE WHITE, TERRI NAME NAME **559 FOGGY CREEK ROAD** STREET ADDRESS STREET ADDRESS **CR2E034** KISSIMMEE, FL 34744 DAVENPORT FL 33837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BERGLUND, LORRI BERGLUND, LORA 1 NAME NAME 6 50 8, BASS ROAD 12745 LOWER RIVER BLVD. STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-7IP KISSIMMEE. TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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