

4/1/0
* 4/1

FILED
May 12, 2002 8:00 am
Secretary of State

04-01-2002 90708 001 ****75.00
04-01-2002 90708 002 ****75.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001700

1. Entity Name

EPIC ENTERTAINMENT, INC.

Principal Place of Business

**218 CROOKED TREE TRAIL
DELAND FL 32724**

Mailing Address

**218 CROOKED TREE TRAIL
DELAND FL 32724**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3418313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AUSTIN, BRYAN D
230 LOOKOUT PLACE
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

CHARLES D. HILL

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

218 Crooked Tree Trail

City

DeLand

FL

Zip Code

32724

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

Charles D. Hill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

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, 2002 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 **PT** ☐ Delete
NAME **HILL, CHARLES D**
STREET ADDRESS **218 CROOKED TREE TRAIL**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **VPS** ☐ Delete
NAME **ESCALANTE, ARMANDO**
STREET ADDRESS **8132 JASMINE VINE DR**
CITY-ST-ZIP **PORT ORANGE FL 32124**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Charles D. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

386 734 710

Daytime Phone #

CR2034 (9/01)