

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90003 046 ***150.00

DOCUMENT # P97000017109

1. Entity Name *Peacock Entertainment, Inc.*
Peacock

Principal Place of Business Mailing Address

2050 NW 64th Ave *P.O. Box 491104*
Sunrise, FL 33313 *Ft Lauderdale*
Florida 33349

2. Principal Place of Business 3. Mailing Address

2050 NW 64th Ave *P.O. Box 491104*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sunrise Florida *Fort Lauderdale FL*

Zip Country Zip Country

33313 USA *33313 U.S.A.*

4. FEI Number Applied For

65-0730579 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Lindon Campbell Name
2050 NW 64th Ave Street Address (P.O. Box Number is Not Acceptable)
Sunrise Florida 33313

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 *L Campbell* DATE *6/26/01*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<i>President</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Veronica Campbell</i>	NAME	
STREET ADDRESS	<i>2050 NW 64th Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Sunrise, Florida 33313</i>	CITY-ST-ZIP	
TITLE	<i>Vice President</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lindon Campbell</i>	NAME	
STREET ADDRESS	<i>2050 NW 64th Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Sunrise FL 33313</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *L Campbell* DATE *6/26/01* (954) 578-1577
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)