

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State
 09-15-2000 90005 047 ***550.00

DOCUMENT # P97000025386
 1. Entity Name **TOUCH ENTERTAINMENT, INC.**

Principal Place of Business: **354 CYPRESS DR, 7, TEQUESTA FL 33469**
 Mailing Address: **307 CENTER STREET, JUPITER FL 33458**

2. Principal Place of Business: **287 E. INDIANTOWN ROAD, SUITE B-4, JUPITER, FL 33477, USA**
 3. Mailing Address: **307 CENTER STREET, JUPITER FL 33458**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **ARANDA, JOHN P, 307 CENTER STREET, JUPITER FL 33458**

4. FEI Number: **65-0751486**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent: **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: _____ DATE: _____
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: P NAME: ARANDA, JOHN P STREET ADDRESS: 307 CENTER STREET CITY-ST-ZIP: JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE: S NAME: GLENN EMBLEY STREET ADDRESS: 1750 TULIPTREE CT CITY-ST-ZIP: CUMMING GA 30040	<input type="checkbox"/> Delete
TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 112 MAPLECREST CIRCLE CITY-ST-ZIP: JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WIL LABOSSIER STREET ADDRESS: 6001 WHITETALE LN CITY-ST-ZIP: JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ALBERT CLAY WILLIAMS STREET ADDRESS: 6246 LESLIE ST. CITY-ST-ZIP: JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: FRANK FAZIO STREET ADDRESS: 1951 BRAWDY WING RD. #9-203 CITY-ST-ZIP: WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE: **[Signature]** 08/30/00 561-745-7800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)