

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034166

1. Entity Name

ENTERTAINMENT NETWORK, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90163 034 ***150.00

Principal Place of Business

Mailing Address

111 TRAVELERS WAY. NO
ST PETERSBURG FL 33710
US

111 TRAVELERS WAY. NO
ST PETERSBURG FL 33602-4619
US

2. Principal Place of Business

3. Mailing Address

412 E Madison St.
Suite, Apt. #, etc. 1000
City & State Tampa FL
Zip 33602 Country

412 E Madison St
Suite, Apt. #, etc. 1000
City & State Tampa FL
Zip 33602 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3341694		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARSHLACK, DAN 10355 PARADISE BLVD #104 TREASURE ISLAND FL 33706		Name Dan Marshlack Street Address (P.O. Box Number is Not Acceptable) 825 Capri Blvd. City Treasure Island FL Zip 33706	

8. The above named entity submits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHLACK, DAN	NAME	
STREET ADDRESS	847 LUCAS LANE	STREET ADDRESS	825 Capri Blvd.
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP	Treasure Island, FL 33706
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	
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	
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	
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	
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: DATE: Daytime Phone #

CR2E034 (9/99)