FILE No.301 05/01 '00 00:13 ID:WOLFEYOUNGOBAKER FAX:

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90002 025 ***150.00

DOCUMENT # ~~P97000041618~~
P97000041618

1. Entity Name
MATRIX ENTERTAINMENT GROUP, INC.

Principal Place of Business	Mailing Address
12111 Walden Woods Ct Orlando, FL 32826 US	12111 Walden Woods Ct Orlando, FL 32826 US

B0100985

2. Principal Place of Business	3. Mailing Address
4745 Olive Branch Rd	4745 Olive Branch Rd
Suite, Apt. #, etc. 1107	Suite, Apt. #, etc. 1107
City & State ORLANDO FL 32811	City & State ORLANDO FL
Zip 32811	Country USA
Zip 32811	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3449618 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Schultz, Paul
12111 Walden Woods Dr
Orlando FL 32826

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4745 Olive Branch Rd

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 _____ 5/1/00
Signature of one of the names listed in item 6 or 7 above (NOTE: Registered Agent's 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) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN **	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schultz, Paul 12111 Walden Woods Ct Orlando FL 32826 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Beaumont ,Kenny 1901 Silver Leaf Lane, Apt 102 Orlando, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Davenport, Jonathan 1901 Silver Leaf Lane, Apt 102 Orlando FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Joo, Mailing 12111 Walden Woods Ct Orlando, FL 32826 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 asterisk, or that I am otherwise empowered.

SIGNATURE: _____ PAUL SCHULTZ 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date