

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066465

1. Entity Name

OSIRIS ENTERTAINMENT, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90248 029 ***150.00

Principal Place of Business

Mailing Address

370 WEST CAMINO GARDENS BLVD.
4TH FLOOR
BOCA RATON FL 33431

370 WEST CAMINO GARDENS BLVD.
4TH FLOOR
BOCA RATON FL 33432-5816

00031133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

245 N. Ocean Blvd.

3. Mailing Address

245 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-0783383

Applied For

Not Applicable

Zip

33441

Country

Broward

Zip

33441

Country

Broward

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

DAILEY, DANIEL L
370 W CAMINO GARDENS BLVD
BOCA RATON FL 33431

Name

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

245 N. Ocean Blvd.

City Deerfield Beach

FL

Zip Code 33441

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

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

(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) ☐

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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAILEY, DANIEL L 1508 S.E. 6TH STREET DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL L. DAILEY 4/27/00 (561) 417-4944

CR2E034 (9/99)