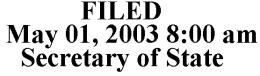
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P97000071099 **DOCUMENT #** 1. Entity Name



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Secretary of State	356					
05-01-2003 90216 007 ***150.00	₽					

Maling Address Size & ATLANTO BLVD SOLTE IT SOLAMAND BEACH FL 3000 DS  2. Principal Place of Business  Suite, Apr #, etc.  Suite Apr #, etc.  Cry & State  Cry & State  Cry & State  Country  Zp  Country  Apr	PURE ENERGY ENTERTAINMENT, INC.						<u> </u>			
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City & State  STUPARITZ, ALAN D  Stood Address of Current Registrered Agent  Name  Stood Address (P.O. Box Number is Not Accoptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registranced agent, or both, in the State of Forida. I am familier with, anno accept the childrent of registered agent, or both, in the State of Forida. I am familier with, anno accept the childrent of registered agent and the faquity and				,				<b>ia</b> in <b>i d</b> in <b>i an</b> in <b>i bi</b> n		18118 1811 ISOI
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/(i) Florida Statutos Lifether certify that the information			. 141. 46.1. 600							

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, if 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTENAME OF SIGNING OFFICER OR DIRECTOR