2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000078590** 1. Entity Name AMERICAN ENTERTAINMENT AGENCY INC. 04-30-2001 90115 001 ***158.75 Principal Place of Business Mailing Address 129 E DANIA BEACH BLVD 129 E DANIA BEACH BLVD DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0790880 Not Applicable Z:p Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUPTA, CHANDER L Street Address (P.O. Box Number is Not Acceptable) 129 E DANIA BEACH BLVD DANIA FL 33004 City Zio 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, typed or printed name of registered agent and title if applicable (NOTF_Registered Agent's greature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (10/00) TITLE Addition NAME GUPTA, CHANDLER L NAME STREET ADDRESS 129 E DANIA BCH BLVD STREE: ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33007 ۷P FITLE ☐ Delete TITLE Change Addition GUPTA, KIRAN NAME STREE" ADDRESS 129 E DANIA BCH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 TITLE ☐ Dalete TOTA Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE De ete THEF Change Addition NAME MAMS STREET AGDRESS STREET ADDRESS CITY ST-ZIP C:TY-ST ZIP TITLE ☐ Delete TITLE [] Chance Addition

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 in changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CiTY-ST-7:P

NAME

TITE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

C:TY-ST-ZIP

OR PROVED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

CHANDER GUPTA 4/23/01 954.922-4633

☐ Addition