

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086945

1. Entity Name

JUST-IN TIME ENTERTAINMENT, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90060 008 ***150.00

Principal Place of Business

Mailing Address

303 FAWN LAKE DRIVE
MILLINGTON TN 38053

303 FAWN LAKE DRIVE
MILLINGTON TN 38053-6803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2363269

Applied For

Not Applicable

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

~~PRINGLE, WILLIAM B III
390 NORTH ORANGE AVENUE
SUITE 2100
ORLANDO FL 32801~~

Name

PAUL HARLESS

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

8998 HUBBARD PLACE

City

ORLANDO

FL

Zip Code

32219

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

Paul Harless (Principal)

5/1/00

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 ~~D~~ C/D ☐ Delete
NAME HARLESS, LYNN B
STREET ADDRESS 303 FAWN LAKE DRIVE
CITY-ST-ZIP MILLINGTON TN 38053

TITLE ~~D~~ V/D ☐ Change ☒ Addition
NAME JUSTIN TIMBERLAKE
STREET ADDRESS 303 FAWN LAKE DRIVE
CITY-ST-ZIP MILLINGTON TN 38053

TITLE ~~D~~ P/D ☐ Delete
NAME HARLESS, PAUL E
STREET ADDRESS 303 FAWN LAKE DRIVE
CITY-ST-ZIP MILLINGTON TN 38053

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete
NAME PEARLMAN, LOUIS J
STREET ADDRESS 9235 RIDGE PINE TRAIL
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

901 523 5605

Daytime Phone #

CR2E034 (9/99)