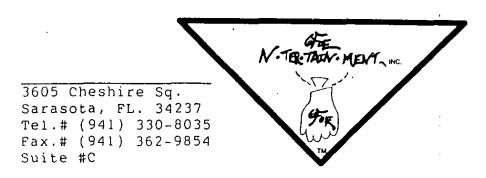
2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCÚMENT # P97000088160 Jul 26, 2000 8:00 am **Secretary of State** 6FOE N. TER.TAIN.MENT, INC. 07-26-2000 90010 043 ***150.00 Principal Place of Business Mailing Address 3605 CHESHIRE SQ. #C 3605 CHESHIRE SQ. #C SARASOTA FL 34237-3963 SARASOTA FL 34234 tire SO Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0790933 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name DANTZLER, LOVELL JR. 3605 CHESHIRE SQ #C SARASOTA FL 34234 of changing its registered office or regis SIGNATURA NOTE: Registered Agent signature requ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PCEO** Addition ☐ Change TITLE ☐ Delete TITLE DANTZLER, LOVELL JR NAME NAME STREET ADDRESS 3545 CHESHIRE SQ. #D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete TITLE ☐ Change ☐ Addition TITI F DANTZLER, LOVELL JR NAME NAME STREET ADDRESS 3545 CHESHIRE SQ. #D STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DANTZLER, DONNA A NAME NAME STREET ADDRESS 3545 CHESHIRE SQ. #D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE

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Dear: Division of Corporations

6FOE N.TER.TAIN.MENT, Inc. is late filing our "Annual Report" because we received the report after the due date. So we are asking if you would consider waving the late fee. We would really appreciate your consideration on this matter.

Sincerely,

6 Foe Representative

President