FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am & Secretary of State DOCUMENT # P98000014947 1. Entity Name 04-22-2002 90276 008 ***150.00 B & R ENTERTAINMENT, INC. Principal Place of Business Mailing Address 2220 DISCOVERY CIRCLE-WEST 2229 DISCOVERY CIRCLE WEST B0074144 DEERFIELD FL 33442 DEERFIELD FL 33442 LOG SKEVIDEN WOODS DR. 609 SHEVIDAN WOODS DR. WEST MELBOURNE FLA. 32904 WEST MELBOURNE, FLA 32904 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 65-0813136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRISOCLL RICHARD D Street Address (P.O. Box Number is Not Acceptable) 2228 DISCOVERY CIR W. **DEERFIELD BEACH FL 33442** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TOO TITLE Change | Addition TITLE ☐ Delete RicHard D DRISCOLL NAME NAME DRISCOLL, RICHARD D LOG SKENIPHN WOODS DR. STREET ADDRESS STREET ADDRESS 2228 DISCOVERY CIRCLE WEST CITY-ST-ZIP WEST MELAGERNE, FLA 32904 CITY-ST-ZIP DEERFIELD_FL 33442 TITLE ☐ Delete TITLE わいら ☐ Change ☐ Addition DVS BRENDA DRIVEILL NAME NAME DRISCOLL, BRENDA 609 SHENIDAW Woods DN. STREET ADDRESS 2228 DISCOVERY-CIRCLE WEST STREET ADDRESS CITY-ST-ZIP MPCHORINE CXH 32504 CITY-ST-ZIP DEEPEIELD FL 33442 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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. FFICER OR DIRECTOR Day 1/2002 SIGNATURE: