

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000014947

1. Entity Name
B+R ENTERTAINMENT, INC.



**FILED
Mar 31, 2004 8:00 am
Secretary of State**

03-31-2004 90024 043 ***150.00

DO NOT WRITE IN THIS SPACE

94039956

2. Principal Place of Business

609 SHERIDAN Woods Dr. 609 SHERIDAN Woods Dr.

Suite, Apt. #, etc.

3. Mailing Address

609 SHERIDAN Woods Dr. 609 SHERIDAN Woods Dr.

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FLA.

City & State

W. MELBOURNE, FLA.

Zip

32904

Country

U.S.A.

Zip

32904

Country

U.S.A.

4. FEI Number

650813136

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: RICHARD D. DRISCOLL

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

609 SHERIDAN Woods Dr.

City: W. MELBOURNE

FL Zip Code: 32904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.T.D.	TITLE	
NAME	RICHARD D. DRISCOLL	NAME	
STREET ADDRESS	609 SHERIDAN Woods Dr.	STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FLA. 32904	CITY-ST-ZIP	
TITLE	V. S. D.	TITLE	
NAME	BRENDAN J. DRISCOLL	NAME	
STREET ADDRESS	609 SHERIDAN Woods Dr.	STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FLA. 32904	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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DO NOT WRITE

IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard D. Driscoll PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2004

321-409-5660

Daytime Phone #

CR2E034B (12/02)