

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

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90194 018 \*\*\*150.00  
09-10-2003 90049 001 \*\*\*400.00

DOCUMENT # P98000028842

1. Entity Name

Deland Entertainment, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6950-33 Phillips Hwy

Suite, Apt. #, etc.

3. Mailing Address

6950-33 Phillips Hwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3505326

Applied For

Not Applicable

Zip

Country

32216

USA

Zip

Country

32216

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Deland

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

6950-33 Phillips Highway

City

Jacksonville

FL

Zip Code

32216

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

9-8-03

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Paul Deland  
6950-33 Phillips Highway  
Jacksonville, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03

Date

Daytime Phone #

CR2E034B (12/01)