

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036228

1. Entity Name

RISINGSUN ENTERTAINMENT, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90032 005 ***158.75

Principal Place of Business

9770 W. FERN LANE
 MIRAMAR FL 33025

Mailing Address

9770 W. FERN LANE
 MIRAMAR FL 33025

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0839445

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LYN-MONTGOMERY, JACINTH
 9770 W. FERN LANE
 MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	LYN-MONTGOMERY, JACINTH	
STREET ADDRESS	9770 W. FERN LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCFARQUHAR, MAURICE	
STREET ADDRESS	9770 W. FERN LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANT, ONEIL	
STREET ADDRESS	9770 W. FERN LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Winston Burris	
STREET ADDRESS	9770 W Fern Lane	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	PRODUCER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Pinnock	
STREET ADDRESS	9770 W Fern Lane	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	PRODUCER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Pinnock	
STREET ADDRESS	9770 W Fern Lane	
CITY-ST-ZIP	MIRAMAR FL 33025	

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:

Lyn Montgomery **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-00

CR2E034 (5/00)

9/8/00 attachment P98000036228

To: Florida Department of State
FR: RisingSun Entertainment A0079196

We did not receive the first
notice only the second.

I spoke to someone in
your office and they told
me to go ahead and send
the \$150. Enclosed is
\$158.75 which includes

Certificate of Status Desired

Thank you.

65-083 9445