

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90025 021 ***150.00

DOCUMENT # P98000062034

1. Entity Name
ENTERTAINMENT HOLDINGS, INC.

Principal Place of Business
**3200 WEST OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33311**

Mailing Address
**3200 WEST OAKLAND PARK BLVD
 LAUDERDALE LAKES FL 33311**

2. Principal Place of Business

3. Mailing Address
90 SCHNEIDER, 7860 PETERS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PLANTATION FL

Zip

Country

Zip

Country

33324 USA

4. FEI Number **65-0860511**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEILLY, ROXANNE K ESQ
 ATLAS, PEARLMAN, TROP & BORKSON, P.A.
 200 EAST LAS OLAS BLVD SUITE 1900
 FORT LAUDERDALE FL 33301**

Name **PAUL SCHNEIDER CPA**
 Street Address (P.O. Box Number is Not Acceptable)
7860 PETERS ROAD
P-110
 City **PLANTATION FL** Zip Code **33324**

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]**
 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GAGNON, STEVEN F**
 STREET ADDRESS **3200 WEST OAKLAND PARK BLVD**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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: **STEVEN F GAGNON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR
 Date **4/30/01** Daytime Phone # **(954) 739-6077**

CR2E034 (10/00)