

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 020 ***150.00

DOCUMENT # P98000062034
1. Entity Name **ENTERTAINMENT HOLDINGS, INC.**

DO NOT WRITE IN THIS SPACE

666630

2. Principal Place of Business 2500 N. Federal Hwy		3. Mailing Address	
Suite, Apt. #, etc. Suite 303		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State	
Zip 33305	Country	Zip	Country
4. FEI Number 65-0860511		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Schneider, Paul F CPA	
Street Address (P.O. Box Number is Not Acceptable) 7800 Peters Rd.	
F-110	
City Ft. Lauderdale	FL 33324 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$21.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGNON, STEVEN F. 2500 N. FEDERAL HWY - SUITE 303 FT LAUDERDALE, FL 33305	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (954) 739-6077

Date Daytime Phone #

CR2E034B (12/01)