

2001 UNIFORM BUSINESS REPORT-(UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90079 015 ***158.75

DOCUMENT # P98000062841

1. Entity Name
MIDNIGHT MARQUEE ENTERTAINMENT, INC.

Principal Place of Business
1815 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Mailing Address
1815 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

2. Principal Place of Business
141 FAIRVIEW AVE

3. Mailing Address
141 FAIRVIEW AVE

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

Zip
32114

Country
USA

4. FEI Number 59-3572302 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

HARICH-MORSE, VICKIE "STORMY"
1815 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118

Name HARICH-MORSE, VICKIE "STORMY"
Street Address (P.O. Box Number is Not Acceptable)
141 FAIRVIEW AVE SUITE 1
City DAYTONA BEACH FL Zip Code 32114

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 Vickie "Stormy" Harich-Morse PTSDCM 4-26-01
Signature, typed or printed name of registered agent 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD HARICH-MORSE, VICKY "STORMY" 1815 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM HARICH-MORSE, VICKY "STORMY" 1815 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINSON, LANCE 463 BOXWOOD COVER KISSIMEE FL 34743	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INMAN, LISA 817 BEACHLAND BLVD VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD HARICH-MORSE VICKIE "STORMY" 141 FAIRVIEW AVE Suite 1 DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM HARICH-MORSE VICKIE "STORMY" 141 FAIRVIEW AVE Suite 1 DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LISA INMAN V.P. LISA INMAN 221 Beth Lane Apt 80 West Melbourne FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADLEY V/M MORSE RANDALL "SWATE" 141 FAIRVIEW AVE Suite 1 DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUCK ROBERT 293 DROSDICK DRIVE CASSLEBERRY FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELKINTON TRACIE 633 S. PALMETTO AVE Suite 204 DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Vickie "Stormy" Harich-Morse PTSDCM 4-26-01 904-253-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)