

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90384 012 ***150.00

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1. Entity Name

MIDNIGHT MARQUEE ENTERTAINMENT, INC.



Principal Place of Business

141 FAIRVIEW AVE

STE 1

DAYTONA BEACH FL 32114

Mailing Address

141 FAIRVIEW AVE

STE 1

DAYTONA BEACH FL 32114

11050501



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3572302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARICH-MORSE, VICKIE "STORMY"

141 FAIRVIEW AVE STE 1

DAYTONA BEACH FL 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
HARICH-MORSE, VICKY "STORMY"
141 FAIRVIEW AVE STE 1
DAYTONA BEACH FL 32114

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CM
HARICH-MORSE, VICKY "STORMY"
141 FAIRVIEW AVE STE 1
DAYTONA BEACH FL 32114

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
INMAN, LISA
221 BETH LANE APT 80
MELBOURNE FL 32904

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WHITE, LISA
450 S ACACIA AVE #1059
MESA, ARIZONA 85204
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VM
MORSE, RANDAL S
141 FAIRVIEW AVE STE 1
DAYTONA BEACH FL 32114

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BUCK, ROBERT
293 DROSDICK DRIVE
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BUCK, ROBERT
540 OLYMPIC VILLAGE #10
Altamonte Springs FL 32714
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ELKINGTON, TRACIE
833 S PALMETTO AVE STE 204
DAYTONA BEACH FL 32114

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ELKINGTON, TRACIE
1601 BIG TREE Rd #207
DAYTONA BEACH FL 32119
☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKIE HARICH-MORSE

4-28-03

386

813-1167

CR2E034 (10/02)