## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

SIGNATURE:

## FILED Jan 25, 2001 8:00 am DOCUMENT # P98000074880 **Secretary of State** ENERGY ENTERTAINMENT CORP. 01-25-2001 90013 046 \*\*\*158.75 Principal Place of Business Mailing Address 1380 S. BABCOCK ST. 1380 S. BABCOCK ST. MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-3529631 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALLETTA, JAMES 2913 LAKE PINELOCH BLVD ORLANDO FL 32806 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 nd title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **VPS** Addition CR2E034 (10/00) TITLE ☐ Change Delete TITLE BALLETTA, JAMES NAME NAME STREET ADDRESS STREET ADDRESS P 0 B0X 361 CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE GUPTA, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS P 0 BOX 361 CITY\_ST-7IP CITY-ST-ZIP WINDERMERE FL 34786 Addition ☐ Change TITLE Delete ---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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