

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077379

1. Entity Name

SOUTHERN NIGHTS ENTERTAINMENT CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:59

Principal Place of Business

1400 GULF SHORE BLVD N.
208A
NAPLES FL 34102

Mailing Address

13254 HEATHER RIDGE LOOP
FT. MYERS FL 33912

2. Principal Place of Business

1706-D Capital Circle Blvd

Suite, Apt. #, etc.

Suite 6

City & State

Tallahassee FL

Zip

32308

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3538055

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, BRENDA
13254 HEATHER RIDGE LOOP
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PALMER, BRENDA S
13254 HEATHER RIDGE LOOP
FT. MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PALMER, DON
2502B JERRY JONES DR 314C
VALDOSTA GA 31602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALMER, REX D JR.
1717 AZURE WAY
MURFREESBORO TN 37128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEINKE, DON
259 MANSFIELD AVE
DARIEN CT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003533715--8
-01/11/01--01105--001
*****750.00 *****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/11/01

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR; V-P FINANCE
KARL LIEUVENSE
1400 GULF SHORE BLVD N, 208A
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/2000 (229) 242-4788
PALMER Resident