

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000077379

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: SOUTHERN NIGHTS ENTERTAINMENT CORPORATION

Current Principal Place of Business:

3461 BONITA BAY BOULEVARD
214
BONITA SPRINGS, FL 34134

New Principal Place of Business:

4851 TAMIAMI TRAIL N.
400
NAPLES, FL 334103

Current Mailing Address:

3461 BONITA BAY BOULEVARD
214
BONITA SPRINGS, FL 34134

New Mailing Address:

4851 TAMIAMI TRAIL N.
400
NAPLES, FL 334103

FEI Number: 59-3538055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEVENSE, KARL
3461 BONITA BAY BOULEVARD
214
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

LIEVENSE, KARL
4851 TAMIAMI TRAIL N.
400
NAPLES, FL 34103 US

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:

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PALMER, BRENDA S
Address: 13254 HEATHER RIDGE LOOP
City-St-Zip: FT. MYERS, FL 33912

Title: PD () Delete
Name: PALMER, DON
Address: 2502B JERRY JONES DR 314C
City-St-Zip: VALDOSTA, GA 31602

Title: DV () Delete
Name: LIEVENSE, KARL
Address: 1400 GULF SHORE BLVD N 208A
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PALMER, DON
Address: 1709A GORNTON ROAD, PMB 306
City-St-Zip: VALDOSTA, GA 31601

Title: DV (X) Change () Addition
Name: LIEVENSE, KARL
Address: 4851 TAMIAMI TRAIL N.
City-St-Zip: NAPLES, FL 34103

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON PALMER

PRES

05/01/2002

Electronic Signature of Signing Officer or Director

Date