

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91297 022 \*\*\*150.00

**DOCUMENT # P98000080989**

1. Entity Name  
**THIN-LINE ENTERTAINMENT, INC.**

Principal Place of Business Mailing Address  
**7621 HORSE POND RD** **R.O. BOX 4770**  
**ODESSA FL 33556** **TAMPA FL 33677**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**P.O. Box 1362**

City & State City & State 4. FEI Number **59-3529232** Applied For  
**Tampa, FL.** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional**  
**33677** **U.S.** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**THOMAS, TIMOTHY** Name **Robert W. Cooper JR**  
**2501 N. A STREET** Street Address (P.O. Box Number is Not Acceptable)  
**TAMPA FL 33607** **2133 W Palmetto St.**  
 City **Tampa FL** FL Zip Code **33607**

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 **Timothy Thomas** **Robert W. Cooper JR** **5/1/01**  
 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.  **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	<b>P</b> <b>THOMAS, TIM</b> <b>2701 N HABANA AVE</b> <b>TAMPA FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COOPER, ROBERT</b> <b>2133 W PALMETTO ST</b> <b>TAMPA FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COOPER, CARLTON</b> <b>2213 W GRADY AVE</b> <b>TAMPA FL 33607</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **Robert W. Cooper JR** **5/1/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(813) 453-4830**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)