

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000085557**

1. Entity Name

**BLACK CULTURE LOUNGE, INC.****FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90707 010 \*\*\*150.00

Principal Place of Business

1025 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

Mailing Address

1025 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c2052  
Suite, Apt. #, etc.

3. Mailing Address

5509 oak way Road  
Suite, Apt. #, etc.

HOUSE

City &amp; State

ORLANDO FL

Zip

Country

32808

Country

ORANGE

4. FEI Number

59-3535673

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, MICHAEL R  
1025 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32805

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 \$150.00**  
**After May 1, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPP  
LAWRENCE, MICHAEL R  
4784 PIEDMONT CT  
ORLANDO FL 32811☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPS  
SINCLAIR, LLOYD  
4784 PIEDMONT CT  
ORLANDO FL 32811☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

MICHAEL R. LAWRENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04-4075387826

CR2E034 (9/01)