FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91141 007 ***150.00

DOCUMENT # P98000086846

1. Entity Name
ABSOLUTE ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12289 PEMBROKE RD.	12289 PEMBROKE ROAD
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33025 Country USA	Zip 33025 Country USA

4. FEI Number 65-1049703 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name SEAN ROBERTS

Street Address (P.O. Box Number is Not Acceptable) 12289 PEMBROKE ROAD

SUITE 200

City PEMBROKE PINES FL Zip Code 33025

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: _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALEXANDER CHIN
STREET ADDRESS	12289 PEMBROKE ROAD
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	VP
NAME	SEAN ROBERTS
STREET ADDRESS	12289 PEMBROKE ROAD
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	VP
NAME	GARY HART
STREET ADDRESS	12289 PEMBROKE ROAD
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	VP
NAME	SHAWN YOUNG
STREET ADDRESS	12289 PEMBROKE ROAD
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SEAN ROBERTS 04/29/02 (954)430-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #