

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100870

1.

Entity Name

CROWN ENTERTAINMENT GROUP, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90913 045 \*\*\*150.00

Principal Place of Business

2901 N. DALE MABRY HWY. APT. 2004  
UNIT 2002  
TAMPA FL 33607

Mailing Address

2901 N. DALE MABRY HWY. APT. 2004  
UNIT 2002  
TAMPA FL 33607

2. Principal Place of Business

5307 ARCHSTONE DR.

3. Mailing Address

5307 ARCHSTONE DR.

Suite, Apt. #, etc.

# 203

City & State

TAMPA FL

Zip

33634

Country

Suite, Apt. #, etc.

# 203

City & State

TAMPA FL

Zip

33634

Country

4. FEI Number

59-3545103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASEK, MICHAEL  
4851 85TH AVE.  
PINELLAS PARK FL 33781

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.

*Sig*

4/22/01

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, 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

PSTD  
KOURMAKAEV, ROBERT  
3450 PALENCIA DRIVE  
TAMPA FL 33618

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
KOURMAKAEV, ROBERT  
5307 ARCHSTONE DR #203  
TAMPA, FL 33634

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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:

*Sig* Robert KURMAKAEV

4/22/01 (407)241-6594  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)