

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90031 023 ***150.00

DOCUMENT # P98000103070

1. Entity Name

M & W Entertainment, Inc.

DO NOT WRITE IN THIS SPACE

851028

2. Principal Place of Business

4404 N. Grady Ave.

Suite, Apt. #, etc.

3. Mailing Address

4404 N. Grady Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, Florida

Zip

33614

Country

U.S.

City & State

Tampa, Florida

Zip

33614

Country

U.S.

4. FEI Number

59-3549026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Walt Rozanski

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

4404 N. Grady Ave.

City

Tampa

FL

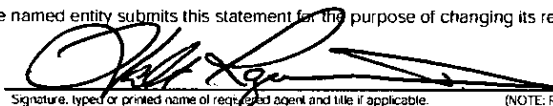
Zip Code

33614

**DO NOT WRITE
IN THIS SPACE**

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



Walt Rozanski

(NOTE: Registered Agent signature required when reappointing)

4-29-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax 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 Fees**

11. OFFICERS AND DIRECTORS

TITLE

PDS

NAME

Walt Rozanski

STREET ADDRESS

4613 N. Grady Ave.

CITY - ST - ZIP

Tampa, Florida 33614

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VDT

Robert Brescia

4613 N. Grady Ave.

Tampa, Florida 33614

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

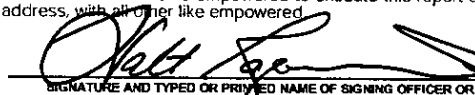
NAME

STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE:



Walt Rozanski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813)928-9258

04-29-02

CR2E034B (12/01)