2001	UNIFORM BUSI		RT	(UBF	 ·	FILE		J., 4 ·			
DOCUMENT # P98000104171 1. Entity Name MILLENIUM ENTERTAINMENT HOLDINGS, INC.						May 01, 2001 08:00 AM Secretary of State					
MILLENIU	JM ENTERTAINMENT HOLDIN	GS, INC.				Social desiring the second sec					
Principal Place 4717 POSADA I ORLANDO 32839		Mailing Address C/O IFMS 7380 SAND LAKE RD SUITE 330 ORLANDO FL 32819									
2. Principal P	lace of Business AL BLVD.	3. Mailing Address C/O IFMS									
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 7680 UNIVERSAL BLVD., SUITE 565				DO NOT WRITE IN THIS SPACE					
City & State	FL	City & State)			FEI Number 9-3549437		 -	plied For	Ì	
Zip 32819	Country	Zip 32819	Coun	ntry		59-3549437 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			-		
	6. Name and Address of Current R			·	7. 1	Name and Address of New F			<u></u>	-	
BROWN DOUGLAS H 7648 SOUTHLAND BLVD STE 105					DOU ddress (P.O. B	DOUGLAS H ress (P.O. Box Number is Not Acceptable) ERSAL BLVD.					
ORLANDO 32809	FI	,	SUITE 58 City ORLANI	y Zip Code							
8. The above	named entity submits_this statement for	the purpose of changing its re	egister			ent, or both, in the State of Fl	orida.	32017		1	
SIGNATURE _	DOUGLAS H. BROWN Signature, typed or printed name of registered agent an	T			re required when re		05/01/2	2001	<u> </u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 200 Make Check Payab			1 Fee	will be \$5	50.00	10. Election Campaign Fit Trust Fund Contribution		\$5.0 Added	0 May Be to Fees		
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFF	FICERS AND	DIRECTORS	SIN 11	j _	
NAME	T PIERFY DAVID	X Delete	TITLI NAM	ΙE				☐ Change	☐ Addition	E034 (11/00)	
STREET ADDRESS CITY-ST-ZIP	7380 SAND LAKE RD SUITE 330 ORLANDO	FL 32819		ET ADDRESS '- ST-ZIP					<u>-</u>	E034	
TITLE NAME STREET ADDRESS	D BROWN DOUGLAS H 4717 POSADA DR	Delete 3	TITLI NAM STRE		D BROWN 7680 UNIVE	DOUGLAS H ERSAL BLVD., SUITE 580		X Change	Addition	CR2	
CITY-ST-ZIP	ORLANDO	FL 32839	CITY	-ST-ZIP	ORLANDO		FL 3	32819			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			***			Change	☐ Addition	<u>-</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			•			Change	☐ Addition	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE	<u> </u>				☐ Change	Addition	_	
of the cor	ertify that the information supplied with to on this report or supplemental report is ocration or the receiver or trustee empor or on an attachment with an address, w	rue and accurate and that my vered to execute this report a:	, e , n n a	filira enali n	ava tha coma	local offect on if made under	مما فمطة بطفهم	m na officer	ar diractor		
SIGNAT		INTED NAME OF SIGNING OFFICER OF	R DIRECT	ror .	Γ	05/01/2001 . Date	Day	ytime Phone #			