

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014288

1. Entity Name

BLUE SKY ENTERTAINMENT, INC.



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90003 046 \*\*\*550.00

Principal Place of Business

6530 METROWEST BLVD., #619  
ORLANDO FL 32835

Mailing Address

6530 METROWEST BLVD., #619  
ORLANDO FL 32835

2. Principal Place of Business

8044 Canyon Lake Circle

Suite, Apt. #, etc.

3. Mailing Address

8044 Canyon Lake Circle

Suite, Apt. #, etc.

City & State

orlando, FL

City & State

orlando, FL

Zip

Country

32835

Zip

Country

32835

4. FEI Number

59-3594141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PODMENIK, JOHN  
213 CRANBERRY LANE  
BRANDON FL 33510

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
PTD  
PAGAN, KEITH A  
STREET ADDRESS  
6530 METROWEST BLVD., #619  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
8044 Canyon Lake Circle  
CITY-ST-ZIP  
Orlando, FL 32835

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*KEITH A PAGAN* PRESIDENT

8/11/2000

Date

407-522-6567

Daytime Phone #

CR2EQ34 (5/00)