

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020375

1. Entity Name

RISING ENTERTAINMENT, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90188 008 ***150.00

Principal Place of Business

Mailing Address

~~408 W UNIVERSITY AVE. #10-B~~
GAINESVILLE FL 32601

408 W UNIVERSITY AVE. #10-B
GAINESVILLE FL 32601-5281

2. Principal Place of Business

15 SW 2nd PL

3. Mailing Address

P.O. Box 515

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gainesville FL

Zip
32601

Country
U.S.A

City & State
Gainesville, FL

Zip
32602

Country
U.S.A

4. FEI Number

59-3559786

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

SEMRANI, JOSEPH
1017 N MAIN STREET
GAINESVILLE FL 32601

Name

Joseph Semrani

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 \$150.00
After MAY 1, 2000 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	<input checked="" type="checkbox"/> Delete
D	SEMRANI, AFIFI	408 W UNIVERSITY AVE, #10-B	GAINESVILLE FL 32601	<input checked="" type="checkbox"/>
D	SEMRANI, JOSEPH	408 W UNIVERSITY AVE, #10-B	GAINESVILLE FL 32601	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Noji Semrani	240 S Main St	Gainesville FL 32601	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 352-317-6468
Date Daytime Phone #

CR2E034 (9/99)