

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025991

1. Entity Name

5TH ELEMENT ENTERTAINMENT INC.

FILED

Jul 07, 2000 8:00 am
Secretary of State

05-23-2000 90244 049 ***150.00

Principal Place of Business

Mailing Address

S. BOX 17403
PALM BCH FL 33416

P.O. BOX 17403
W. PALM BCH FL 33416-7403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0905387

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

Name

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

City

FL

Zip Code

WILCOX, APRIL E
3007 POOLSIDE DR.
GREENACRES FL 33463

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 rehashing)

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	CHIEF FINANCIAL OFFICERS <input type="checkbox"/> Delete
NAME	BRAD WELLMAN
STREET ADDRESS	P.O. BOX 19032
CITY-ST-ZIP	WEST PALM BEACH, FL. 33416
TITLE	CHIEF INFORMATION OFFICER <input type="checkbox"/> Delete
NAME	Michael Healey
STREET ADDRESS	1200 VIA LUCANO CIR #209
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	Chief Executive Officer <input type="checkbox"/> Delete
NAME	Randy Wilcox
STREET ADDRESS	3007 POOLSIDE DR.
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	CHIEF OPERATIONS OFFICER <input type="checkbox"/> Delete
NAME	JONATHAN J. MAYER II
STREET ADDRESS	1531 DREXEL RD. #315
CITY-ST-ZIP	WPB, FL. 33417
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

Date

Daytime Phone #

Randy Wilcox 4/28/00 561 434 1330