2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000028152** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name NVC ENTERTAINMENT, INC. 04-27-2000 90122 043 ***150.00 Mailing Address Principal Place of Business 13518 IVY BROOKE LANE 13518 IVY BROOKE LANE ORLANDO FL 32828-8113 ORLANDO FL 32828 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ARME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERSAD, TEE Street Ad 5405 DIPLOMAT CIRCLE STE. 201 ORLANDO FL 32810 City ged entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees × (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PRESIDENT Addition Delete TITLE VIORELA CHIN PERSAD, TEE NAME NAME 13618 IVY BROOKE LAME 5405 DIPLOMAT CIRCLE STE. 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-7/P ORLANDO, FL OFFICER Change CHAIRMAN + CHIEF EXECUTIVE Addition ☐ Delete TITLE TITLE EVERETT O. CHIN NAME NAME 13518 JUY BROOKE LAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORIANDO EL 32828 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change Addition Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00 407-207-3428