2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am secretary of State DOCUMENT # P99000039720 1. Entity Name WESTON ENTERTAINMENT, INC. Mailing Address Principal Place of Business 2 S UNIVERSITY DRIVE #321 2 S UNIVERSITY DRIVE #321 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0937364 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAMUELS, LEONARD K Street Address (P.O. Box Number is Not Acceptable) **BERGER DAVID & SINGERMAN** 100 NE 3RD AVENUE SUITE 400 FORT LAUDERDALE FL 33324 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 11. ☐ Addition ☐ Delete Change TITLE NAME SAMUELS, DAVID D NAME STREET ADDRESS STREET ADDRESS 2 S UNIVERSITY DRIVE #321 CITY-ST-ZIP **PLANTATION FL 33324** CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME SAMUELS, ANDREA S NAME STREET ADDRESS STREET ADDRESS 2 S UNIVERSITY DRIVE #321 CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33324** ☐ Addition ☐ 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 8000

me legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if