FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # P990Q0047316 1. Entity Name NATIONAL ENTERTAINMENT TECHNOLOGIES, INC.							05-02-2002 90117 035 ***150.00										
	DO N	OT WRIT	E IN THIS	SPAC	E												
2. Principal Place of Business 3. Mailing Address							-										
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS S	PACE									
City & State JACKSONVILLE, FL City & State					7		4. FEI Number										
Zip	Zip Country Zip			ip Country				Not Applicable 8.75 Additional									
3221	Ь	USA			<u> </u>			ee Required									
سيمانيس		· <u></u>	The second section of the second seco		Name			Agent									
						treet Address (P.O. Box Number is Not Acceptable)											
IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its regis					2705 RIVERSIDE AVENUE City JACKSONVILLE FL Zi32205												
									SIGNATURE		or printed name of registered age			Agent signature req			
									9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended Make Check Payable					\$550,00 \$61,25	itate	10. Etection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE	DCT	OFFICERS ANI	DIRECTORS				*										
NAME STREET ADDRESS CITY-ST-ZIP	5955	ER, JOSEPH RICHARD LA	NE WEST	NAME STREET CITY-S	ADDRESS		*										
TITLE NAME	JACKS	ONVILLE FL	-32216	TITLE													
STREET ADDRESS CITY+ST+ZIP					ADDRESS			}									
TITLE NAME	D SMITH	, WILLIAM	1.1	TITLE NAME		******											
	55 5955 RICHARD LANE WEST JACKSONVILLE FL 32216				ADDRESS	يندو د د د د د د د	DO NOT WRIT	'F									
TITLE	10.110110	<u> </u>	32210	TITLE													
NAME STREET ADDRESS]			NAME			IN THIS SPAC										
CITY-ST-ZIP				STREET CITY-S	ADDRESS .		•										
TITLE	İ -			TITLE	-	•											
NAME				NAME	Ì		-	ĺ									
STREET ADDRESS CITY - ST - ZIP	<u> </u>			STREET CITY-ST	ADDRESS - ZIP		÷.										
TITLE				TITLE													
NAME STREET ADDRESS]			NAME													
STREET ADDRESS CITY+ST-ZIP	ł			STREET .	ADDRESS .												
13. 1 hereby o	certify that the	information supplied with	this filing does not qualify	for the average	<u> </u>	Section 1	19.07(3)(i), Florida Statutes. I further certify	that the information									
of the cor.	poration or th	or supplemental report is e receiver or trustee emp fress, with all other like er	numered to execute this ro	at my signatur port as requir	e shall have the ed by Chapter	e same le 607, Flor	19.07(3)(i), Fforida Statutes. I further certify gal effect as if made under oath; that I am ida Statutes; and that my name appears in	an officer or director Block 11 or on an									

JOSEPH L. WHEELER 4/23/02 904-730-2396

Date Daytime Plane /