

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000051715**

1. Entity Name
Knights Entertainment Inc

APPROVED
AND
FILED

02 MAY -6 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Atlantic**
220 S. Monroe St
Suite, Apt. #, etc.

3. Mailing Address
220 S. Monroe St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL
Zip **32304** Country **Leon**

City & State
Tallahassee, FL
Zip **32301** Country **Leon**

4. FEI Number
52-2147266 Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Nick Taylor**
Street Address (P.O. Box Number is Not Acceptable)
2750 Old St. Augustine rd.
#K-113
City **Tallahassee** **FL** Zip Code **32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Nick Tabbaa 220 S. Monroe St Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400005554544--2
-05/16/02--01032--003
******150.00 ****150.00**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-8-02** Daytime Phone # **(850)224-9711**

CR2E034B(12/01)

To whom it may concern:

I never received the renewal document ~~required~~ for my corporation. I came by in person to fill out the Paperwork required on May 6th-2002. please waive the penalties and late fees.

Thank you
Nick Tabban
owner

