

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. | |
| City & State Tallahassee FL | | City & State Tallahassee, FL | |
| Zip 32304 | Country Leon | Zip 32301 | Country Leon |

4. FEI Number
52-2147266 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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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) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$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 |
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 -05/16/02--01032--003
 ****150.00 ****150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 wair the penalties and late fees.

Thank you
Nick Tabban
owner

