PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEME			S	Secretar	RTMENT OF ry of State corporations			F11.E		
DOCUMENT # P9900051715 1. Corporation Name							FALL AHASSEE. PLORIDA				
KNIGHTS ENTERTAINMENT INC.										- here than	
2. Principal Office Address - No P.O. Box # 2717 MAHAN DR.				3. Mailing Office Address 2717 MAHAN DR.			CR2E081 (11/09)				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Date Incorporated or Qualified To Do Business in Florida 06/08/1999			
City & State TALLAHASSEE, FL				TALLAHASSEE, FL				5. FEI Number 52-216726	umber Applied For		
^{Zip} 32308	Country USA		-	^{zip} 32308		Country USA		6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional F for a Certificate		
		7. Nar	me and Address o	f Current Regist	tered Age	nt					
Name NICK TABBAA Street Address (P.O. Box Number is Not Acceptable)								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you			
2717 MAHAN DR.								are certifying the prior notices were not			
Suite, Apt.	#, Etc.		-					received and requesting the reinstatement fee be waived.			
City TALLAI	HASSEE	:			State Zip Code FL 32308						
8. I, being	appointed the	register	red agent of the abc	ive named corpor	ration, am	familiar with and	i accept the of	bligations of section	on 607.0505 or 617.0503, F	F.S.	
Signature of Registered Agent								_	_{Date} 12/18/200	9	
Nogio.c.			R	EGISTERED AGE	ENT MUS	T SIGN					
9. Names	and Street Ad	ldresses	s of Each Officer and	d/or Director (Flo	rida nonpr				Т	,	
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / S	State / Zip	
CEO	NICK TABBAA				3308 ADDISON LANE			ANE	TALLAHASS	SEE, FL. 32317	
						12/21/)1637899 901001003	520 **300.00	
			•								
		•								····	
^{10.} E-ma	ail Addres	s: eta	tlantis@yahoo.co	om							
						o be used for future			apter 607 or 617, F.S. I furth	her certify that when filing	
this rein: owed by	nstatement appl y the corporatio under oath.	olication,	, the reason for disso	olution has been e	eliminated,	l, the corporate na	ame satisfies t	the requirements of	of section 607.0401 or 617, d my signature shall have the	.0401, F.S., that all fees the same legal effect as if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: