

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0043693 AV

DOCUMENT # P99000051715

1. Entity Name
KNIGHTS ENTERTAINMENT INC.



05-02-2003 90734 040 ***150.00

Principal Place of Business
**220 S. MONROE ST.
TALLAHASSEE FL 32301**

Mailing Address
**220 S. MONROE ST.
TALLAHASSEE FL 32301**



2. Principal Place of Business

3. Mailing Address

2750 old st. Augustine rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#K-113

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32301

U.S.A

CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2167266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, NICK
2750 OLD ST. AUGUSTINE RD., #K-113
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CEO**
STREET ADDRESS **TABBAQ, NICK**
CITY-ST-ZIP **220 S. MONROE ST.
TALLAHASSEE FL 32301**

TITLE Change Addition
NAME **CEO**
STREET ADDRESS **Tabbaq, Nick**
CITY-ST-ZIP **2750 old st. Augustine rd. #K-113
Tallahassee, FL 32301**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

Date

294-8113

Daytime Phone #

CR2E034 (10/02)