

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

CHECK HERE IF MAKING CHANGES

City & State

City & State
Tallahassee, FL

4. FEI Number 52-2167266

Applied For
Not Applicable

Zip

Country

Zip
32301

Country

U.S.A

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

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

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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)