2000	UNIFORM BUSI	NESS REPO	RT (UBR)	5		
DOCUMENT # P99000052388				FILED		
JUPITER	ENTERTAINMENT INC.			Secretary of State)	
Principal Place of Business		Mailing Address		05-15-2000 90221 015 ***150.00		
8818 SE RIVERFRONT TERR. TEQUESTA FL 33469		8818 SE RIVERFRONT TERR. TEQUESTA FL 33469-1818				
2. Principal P	Place of Business	3. Mailing Address		-013 (bid (85 II 22) 0-1) 1		
Suite. Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For 65 - 1016414 Prior Applied For Applied	lΒ	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent	ゴ	
SASSO, EDWARD A			Name			
8818	SE RIVERFRONT TERR.	_	Street Addres	ress (P.O. Box Number is Not Acceptable)	_	
TEQ	UESTA FL 33469					
		<u> </u>	City	FL Zip Code		
SIGNATURE	named entity sugmits this statement for Signature, typed or printed name of registered agent an		Registered Agent signature requ	gistered agent, or both, in the State of Florida.		
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) [See Criteria on back]		1	FEE IS \$150.00 0 Fee will be \$550.00 to Department of S			
11	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	7,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sasso, Edward A 8818 Se Riverfront Terr. Tequesta Fl 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	# (0'0) POUDO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Stevens, W.James 10481 Se Banyan Way	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio] a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	in	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	<u>n</u>]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	n }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	n	
indicated of the corp changed,	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	true and accurate and that my wered to execute this report at	/ signature shall have th	lin Section 119.07(3)(i), Florida Statutes. I further certify that the information is the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	!	
SIGNAT	SIGNATURE AND TYPED OR PR	ENTED NAME OF SIGNING OFFICER OF	ORECTOR	Date Caytime Phone 4		