

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061737

1. Entity Name

ENTERTAINMENT ONE COMMUNICATIONS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90127 003 ***150.00

Principal Place of Business

Mailing Address

1467 VILLAGE GREEN DR.
PT. ST. LUCIE FL 34985

P.O. BOX 9595
PORT ST. LUCIE FL 34985-9595

2. Principal Place of Business

2400 SE. Midport Rd Suite 126
Suite, Apt. #, etc.
126

3. Mailing Address

P.O. Box 9595
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL 3495

City & State

Port St. Lucie

4. FEI Number

570-994387

Applied For

Not Applicable

Zip

34952

Country

St. Lucie

Zip

34985

Country

St. Lucie

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, MILLIE
701 LONGLEAF PLACE
PT. ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

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

701 Longleaf Place
Port St. Lucie (same)

City

Port St. Lucie

FL

Zip Code

34952

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

Millie Ross

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

(NOTE: Registered Agent signature required when reinstating)

4/25/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President
NAME: Robert W. Bellamy
STREET ADDRESS: 1931 SE. HURST AVE
CITY-ST-ZIP: Port St. Lucie, FL 34952 ☐ Delete

TITLE: Vice President
NAME: DANNY ROSS
STREET ADDRESS: 701 Longleaf Place
CITY-ST-ZIP: Port St. Lucie, FL 34953 ☐ Delete

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE:

Mr. Robert W. Bellamy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

561-335-2829

Daytime Phone #

CR2E034 (9/99)