

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000063716**
1. Entity Name **S + K ENTERTAINMENT INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR -3 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 7309 COLLINS AVE.		Suite, Apt. #, etc. 7309 COLLINS AVE.	
City & State MIAMI FL.		City & State MIAMI Florida	
Zip 33141	Country U.S.A	Zip 33141-2711	Country U.S.A

REINSTATEMENT

4. FEI Number 65-0933977	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

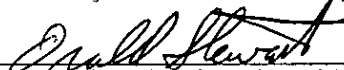
7. Name and Address of Current Registered Agent

Name **ORALD STEWART**

Street Address (P.O. Box Number is Not Acceptable)
2970 N.W. 22nd Street

City **MIAMI FL.** Zip Code **33142**

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  **ORALD STEWART (PRES)** **Dec. 31, 2001**

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT + SECRETARY ORALD STEWART 2970 NW 22nd Street MIAMI FL. 33142	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	9000005293919 -04/18/02--01078--004 ****900.00 ****900.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Dec. 31, 2001** **(305) 389-6900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRJ034B (12/01)