

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/24/00-90034-028-\$158.75-\$158.75

page 1 of 2

DOCUMENT # P99000078157

1. Entity Name

DIAMONDBACK ENTERTAINMENT, INC.

FILED

00 SEP 21 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

420 LINCOLN ROAD, SUITE 240  
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN ROAD, SUITE 240  
MIAMI BEACH FL 33139-3009

2. Principal Place of Business

60 N.E. 11th St  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 01-1134  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1018930

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33101

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POLISAR, STEVE  
420 LINCOLN ROAD, SUITE 240  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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.

SIGNATURE

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)

☒

**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 PSD  
NAME PANTON, DEAN A  
STREET ADDRESS 420 LINCOLN ROAD, SUITE 240  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 an officer or trustee empowered.

SIGNATURE:

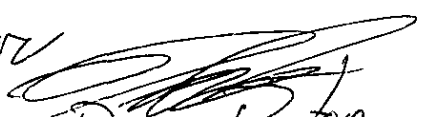
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

To Whom it May Concern.

Please be advised That  
we Received This Form  
From Division of Corporation  
only 2-weeks Prior  
To Sending Completed Form  
Back to ~~you~~ Division of  
Corporations, it Seem That  
we Received the Form  
late maybe by mail  
Fault. Please Review &  
Site Corporation Form.  
Thank you  - President.