

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90161 020 ***150.00

DOCUMENT # P99000078157

1. Entity Name

DIAMONDBACK ENTERTAINMENT, INC.



Principal Place of Business

**60 N.E. 11 ST
MIAMI FL 33132
US**

Mailing Address

**3469 NE 169 STR
MIAMI FL 33160
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1018930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 **Souliaguine, Evgueni**

Street Address (P.O. Box Number is Not Acceptable)
3469 NE 169 STREET

North Miami Beach

City **North Miami Beach FL** Zip Code **33160**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

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

TITLE **PTS** ☒ Change ☐ Addition
NAME **Souliaguine, Evgueni**
STREET ADDRESS **3469 NE 169 STREET**
CITY-ST-ZIP **North Miami Beach, FL 33160**

TITLE **VT** ☐ Delete
NAME **SOULIAGUINE, EVGUENI**
STREET ADDRESS **3469 NE 169 STR**
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

2/25/03 (305)944-0022

Date

Daytime Phone #

CR2E034 (10/02)