2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000080870** Jan 28, 2000 8:00 am **Secretary of State** H AND V ENTERTAINMENT, INC. 01-28-2000 90094 040 ***150.00 Principal Place of Business Mailing Address 12503 CLYDESDALE CT 12503 CLYDESDALE CT TAMPA FL 33626-4401 Tampa FL 33626 DODITION 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-3602374 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional Ш 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURLAND, DAVID J Street Address (P.O. Box Number is Not Acceptable) 850 CLEARWATER-LARGO RD, S.W. LARGO FL 33770-4470 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD Delete TITLE TITLE HILL, RICHARD D NAME NAME STREET ADDRESS 12503 CLYDESDALE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 Change ☐ Addition Delete TITLE TITLE VALENTE, GERARD A NAME NAME STREET ADDRESS STREET ADDRESS 4964 LAMBRIDGE CT 1, CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HILL PRESIDENT 1-14-00 /127