

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088661

1. Entity Name

ONLINE ENTERTAINMENT GROUP, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90050 040 \*\*\*550.00

Principal Place of Business

1933 COLONIAL DR  
 CORAL SPRINGS FL 33071

Mailing Address

1933 COLONIAL DR  
 CORAL SPRINGS FL 33071

2. Principal Place of Business

701 Brickell Key Blvd #1204  
 Suite # 1204

3. Mailing Address

P.O. Box 770564  
 Suite, Apt. #, etc.

City & State  
 MIAMI, FL

Zip  
 33131

Country  
 USA

City & State  
 CORAL SPRINGS, FL

Zip  
 33077

Country  
 USA

4. FEI Number

65-0952304

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KOPPEL, LISA  
 1933 COLONIAL DR  
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name KOPPEL, LISA  
 Street Address (P.O. Box Number is Not Acceptable)  
 701 Brickell Key Blvd #1204  
 City MIAMI FL Zip Code 33131

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 LISA KOPPEL

Lisa Koppel

8-3-2000

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)

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**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LISA KOPPEL 1933 Colonial Drive CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ERIC GOLDSPEIN 210 NW 123 Way CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-2000

305-358-8922

Date

Daytime Phone #

CR2E034 (5/00)