

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91209 036 ***150.00

DOCUMENT # P99000088661

1. Entity Name
ONLINE ENTERTAINMENT GROUP, INC.



Principal Place of Business
**16900 N BAY RD
1808
SUNNY ISLES BEACH FL 33160
US**

Mailing Address
**P.O. BOX 770564
CORAL SPRINGS FL 33077**

2. Principal Place of Business

**3300 NE 191 Street
Suite, Apt. #, etc.
#1914**

3. Mailing Address

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

City & State
Aventura, FL

City & State
CORAL SPRINGS, FL

Zip
33180

Country
USA

Zip
33077

Country
USA

4. FEI Number
65-0952304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOPPEL, LISA
16900 N BAY RD
MIAMI FL 33160**

7. Name and Address of New Registered Agent

Name **Koppel, Lisa**
Street Address (P.O. Box Number is Not Acceptable)
**3300 NE 191 Street
#1914**
City **Aventura** **FL** Zip Code **33180**

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 **Lisa Koppel**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2003

**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

TITLE **P** ☐ Delete
NAME **KOPPEL, LISA**
STREET ADDRESS **16900 N BAY RD #1808**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **VP** ☐ Delete
NAME **GOLDSTEIN, ERIC**
STREET ADDRESS **16900 N BAY RD #1808**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Koppel, Lisa**
STREET ADDRESS **3300 NE 191 Street #1914**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **GOLDSTEIN, ERIC**
STREET ADDRESS **3300 NE 191 Street #1914**
CITY-ST-ZIP **Aventura, FL 33180**

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

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

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

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: **Lisa Koppel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2003 (305) 933-1972

Date

Daytime Phone #

CR2E034 (10/02)