

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) - 2002**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
05-13-2002 90090 033 \*\*\*150.00

DOCUMENT # P99000097274  
1. Entity Name  
J. C. PAPPAS ENTERTAINMENT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5668 Baybrook Avenue  
Suite, Apt. #, etc.  
City & State  
Orlando, FL  
Zip  
32819-7137  
Country  
Orange

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
City & State  
Zip  
Country

4. FEI Number  
65-0746725  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
James C. Pappas  
Street Address (P.O. Box Number is Not Acceptable)  
5668 Baybrook Avenue  
City  
Orlando FL Zip Code  
32819-7137

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 \_\_\_\_\_

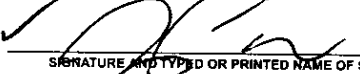
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D,P Pappas, James C. 5668 Baybrook Avenue Orlando, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  James C. Pappas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: APRIL 24 02  
Daytime Phone #: 407 352 3755

CR2E034B (12/01)