

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90007 019 ***550.00

DOCUMENT #

1. Entity Name

Cygnus Entertainment, Inc.

Principal Place of Business - old

Mailing Address

25447 McDowell Ct.
 Sorrento, FL 32776

2. Principal Place of Business - New

5367 Conroy Road

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 360

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32811

Country

US

Zip

Country

4. FEI Number

59-3601006

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jeffrey P. Johnson
 25447 McDowell Ct.
 Sorrento, FL 32776

Name

Jeffrey P. Johnson

Street Address (P.O. Box Number is Not Acceptable)

5367 Conroy Road, Suite 360

City

Orlando

FL

Zip Code 32811

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

8/27/01

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

FILE NOW!!! FEES \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
 NAME Jeffrey P. Johnson
 STREET ADDRESS 25447 McDowell Ct.
 CITY-ST-ZIP Sorrento, FL 32776 ☐ Delete

TITLE Director
 NAME Roy Orgett
 STREET ADDRESS Little Hampton Ct.
 CITY-ST-ZIP Sorrento, FL 32776 ☐ Change ☒ Addition

TITLE Director
 NAME Karen A. Johnson
 STREET ADDRESS 25447 McDowell Ct.
 CITY-ST-ZIP Sorrento, FL 32776 ☐ Delete

TITLE Director
 NAME Larry S. Paul
 STREET ADDRESS 4445 Mariners Ridge
 CITY-ST-ZIP Alpharetta, GA 30005 ☐ Change ☒ Addition

TITLE Director
 NAME Larry D. Stevens
 STREET ADDRESS 285 Shady Oak Circle
 CITY-ST-ZIP Lake Mary, FL 32746 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Full

Daytime Phone #

8/27/01

CR2E034 (11/00)