2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

Principal Place of Business

LAKE MARY FL 32746

Suite, Apt. #, etc.

City & State

SUITE 300

Zip

901 INTERNATIONAL PARKWAY

2. Principal Place of Business

JOHNSON, JEFFREY P

LAKE MARY FL 32746

901 INTERNATIONAL PARKWAY

P99000109868

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

LAKE MARY FL 32746

SUITE 300

901 INTERNATIONAL PARKWAY

1. Entity Name

SUITE 300

CYGNUS ENTERTAINMENT, INC.

Country

6. Name and Address of Current Registered Agent



Country

City

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90257 049 ***150.00

	CHECK HERE IF MAKING CH	HANGES		
-	4. FEI Number FO 2001000	Applied For		
	59-3601006	Not Applicable		
,		\$8.75 Additional Fee Required		
	7. Name and Address of New Registered Age	nt		
Name				
Street Addr	ess (P.O. Box Number is Not Acceptable)	,, -		

Zip Code

							• •		
	named entity submits this statement for the purplions of registered agent.	ose of changing its re	gistered office or	registered age	ent, or both, in the	State of Florida.	l am familiar w	th, and acce	ept .
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: F	Registered Agent signate	ure required when re	sinstating)	D	ATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			-		mpaign Financing Contribution.	· •	i.00 May E ded to Fees	Зе
10.	OFFICERS AND DIRECTO	RS	11.	AD	DITIONS/CHANGE	S TO OFFICERS	AND DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JEFFREY P 25447 MCDOWELL CT. SORRENTO FL 32776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	je ∏ Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KAREN A 25447 MCDOWELL CT. SORRENTO FL 32776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	je □ Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, LARRY D 285 SHADY OAK CIRCLE LAKE MARY FL 32746	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	د د بریاسته ۳۰	1 s see see	ب مسید ۷ سید در	Chang	e Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONYETT, ROY LITTLE HAMPTON COURT SORRENTO FL 32776	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	☐ Chan	e [] Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, LARRY S 4445 MARINERS RIDGE ALPHARETTA GA 30005	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chanç	e 🗌 Addi	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CROWLEY, JAMES R 8516 SUMMERVILLE PLACE ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🗌 Addi	tion

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:

>3-7311 dlo4

CR2E034 (10/02)