## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000110202** May 17, 2000 8:00 am Secretary of State H AND H ENTERTAINMENT SERVICES, INC. 05-17-2000 90983 039 \*\*\*150.00 Mailing Address Principal Place of Business PMB# 156 2012 FOUNTAINIVEAD BOULEVARD 3128 LAKE WASHINGTON ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business LANE 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. 4. FELYWINDER 3607760 Applied For City & State City & State Not Applicable \$8.75 Additional -Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMRICK, PENNY LANE Address (P.O. Box Number is Not Acceptable) <del>-2012 FOUNTAINHEAD BOULEVAR</del>D **MELBOURNE FL 32935** Zip Code 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 Tamuc SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE HAMRICK, PENNY LANE NAME NAME 1681 OWL LANE STREET ADDRESS 2<del>012 FOUNTAINHEAD BOULEVARD</del> STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** ☐ Addition ☐ Delete TITLE TITLE 1681 OWL LAND HAMRICK, STEPHEN C NAME NAME STREET ADDRESS 2012 FOUNTAINHEAD BOULEVARD STREET ADDRESS CITY\_ST-7IP CITY-ST-ZIP MELBOURNE FL 32935 ☐ Change Addition ☐ Delete TITLE TITLE FOSTER, JOHN CURTIS NAME NAME STREET ADDRESS STREET ADDRESS 336 RITTER AVENUE N.E. PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not quality 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 eport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR