

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Apr 25 1997 8:00am
Secretary of State

1. Corporation Name
U. B. ENTERTAINED, INC.

| Principal Place of Business | Mailing Address |
|---|--|
| 1439 SOUTH POMPANO PARKWAY SUITE 300 POMPANO BEACH FL 33069 | 1439 SOUTH POMPANO PARKWAY SUITE 300 POMPANO BEACH FL 33069-4331 |

| | |
|---|---|
| 3. Date Incorporated or Qualified 06/10/1991 | 3a. Date of Last Report 05/01/1996 |
|---|---|

2. Principal Place of Business 2a. Mailing Address

| | |
|---------------------|---------------------|
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| 22 | 27 |
| City & State | City & State |

| | |
|---------|-----|
| 23 | 28 |
| Zip | Zip |
| Country | |

9. Name and Address of Current Registered Agent

| | |
|------------------------------------|----------------|
| 4. FEI Number 65-0276353 | Applied For |
| | Not Applicable |

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

| | | |
|--|--------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|------------------------------------|

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

UPCHURCH, JAMES R JR
1439 SOUTH POMPANO PARKWAY
SUITE 300
POMPANO BEACH FL 33069

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable

| | | | |
|-----|------------------------|-----|---|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----|------------------------|-----|---|

| TITLE | | DP | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--|----|---------------------------------|-----------|---------------------------------|-----------------------------------|
|-------|--|----|---------------------------------|-----------|---------------------------------|-----------------------------------|

| | | | |
|-----------------|--------------------------|---------------------|--|
| NAME | BELL, MICHAEL Y. | 1.2 NAME | |
| STREET ADDRESS | 1439 S POMPANO PKWY #300 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | POMPANO BEACH FL | 1.4 CITY - ST - ZIP | |

| | | | | |
|-----------------|--------------------------|---------------------------------|---------------------|---|
| TITLE | DVT | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UPCHURCH, JAMES R., JR. | | 2.2 NAME | |
| STREET ADDRESS | 1439 S POMPANO PKWY #300 | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | POMPANO BEACH FL | | 2.4 CITY - ST - ZIP | |

| | | | | |
|----------------|--------------------------|---------------------------------|--------------------|---|
| TITLE | S | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLAY, MARY K | | 3.2 NAME | |
| STREET ADDRESS | 1439 S POMPANO PKWY #300 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | | 3.4 CITY-ST-ZIP | |

| | | | |
|-----------------|---------------------------------|---------------------|---|
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |

| | | | |
|-----------------|---------------------------------|---------------------|---|
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |

| | | | |
|-----------------|---------------------------------|---------------------|---|
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/16/97 972-2004

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)