

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59801

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0276353

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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.

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)



FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 DP
NAME BELL, MICHAEL Y.
STREET ADDRESS 1439 S POMPANO PKWY #300
CITY-ST-ZIP POMPANO BEACH FL



TITLE DVT
NAME UPCHURCH, JAMES R., JR.
STREET ADDRESS 1439 S POMPANO PKWY #300
CITY-ST-ZIP POMPANO BEACH FL



TITLE S
NAME GRIESEMER, MARY K
STREET ADDRESS 1439 S POMPANO PKWY #300
CITY-ST-ZIP POMPANO BEACH FL 33069



TITLE
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CITY-ST-ZIP



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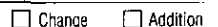
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CITY-ST-ZIP



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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 972-2004