FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 25, 2002 8:00 am DOCUMENT # **Secretary of State** S88269 1. Entity Name 02-25-2002 90017 037 ***150.00 TRANS-INTERNATIONAL ENTERTAINMENT, INC. Principal Place of Business Mailing Address 308 SE 14 ST 308 SE 14TH ST FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0300449 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEAN ANN RYAN Street Address (P.O. Box Number is Not Acceptable) 308 SE 14TH ST FT LAUDERDALE FL 33316 Zin Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5,00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE **PTS** ☐ Delete TITLE ☐ Change Addition NAME RYAN, JEAN ANN NAME STREET ADDRESS 2200 S OCEAN LANE 2510 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Addition ☐ Delete TITLE [] Change TITLE NAME MESSING, HOWARD NAME STREET ADDRESS STREET ADDRESS 2200 \$ OCEAN LANE 2510 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filips 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 director or director of the corporation or the receiver or director or direct