

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90048 003 ****61.25

DOCUMENT # N39437

1. Entity Name

KEEP-IN-STEP WESTERN ENTERTAINMENT INC. ✓

Principal Place of Business

Mailing Address

9534 S.W. 82ND ST.
 MIAMI FL 33173

9534 S.W. 82ND ST.
 MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0211808

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAULS, PAMELA LINDSTROM
9534 S.W. 82ND ST.
MIAMI FL 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LONG, LUCINDA D.	
STREET ADDRESS	14240 SW 96 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SDRA	<input checked="" type="checkbox"/> Delete
NAME	SAULS, PAMELA LINDSTROM	
STREET ADDRESS	9534 S.W. 82ND ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAULE, PRINCE LEROY II	
STREET ADDRESS	9534 SOUTHWEST 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LONG, DON E	
STREET ADDRESS	14240 SOUTHWEST 96TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPSDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA L SAULS	
STREET ADDRESS	9534 SW 82ND STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33173	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAULS, PRINCE LEROY II	
STREET ADDRESS	9534 SW 82ND STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33173	
TITLE	VPSDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAULS, PAMELA LINDSTROM	
STREET ADDRESS	9534 SW 82ND STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

Pamela Lindstrom Sauls

8/22/02

CR2E037 (4/02)