

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90272 023 ***158.75

DOCUMENT # P98000067295

1. Entity Name

KEYFRAME ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

6197 WESTGATE DRIVE #134
 ORLANDO FL 32835

6197 WESTGATE DRIVE #134
 ORLANDO FL 91604-4468



2. Principal Place of Business

10985 Bluffside Dr.

3. Mailing Address

10985 Bluffside Dr.

Suite, Apt., #, etc.

~~#5205~~ #5205

Suite, Apt., #, etc.

#5205

DO NOT WRITE IN THIS SPACE

City & State

Studio City, CA

City & State

Studio City, CA

4. FEI Number

59-3534242

Applied For

Not Applicable

Zip

91604

Country

USA

Zip

91604

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, CHRISTOPHER N
 6197 WESTGATE DRIVE #134
 ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Wendolyn Rivera

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

3303 North West 23rd Ave

City

Miami

FL

Zip Code

33142

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

Christopher Flynn

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

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, CHRISTOPHER N	
STREET ADDRESS	6197 WESTGATE DRIVE #134	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flynn, Christopher N.	
STREET ADDRESS	10985 Bluffside Dr. #5205	
CITY-ST-ZIP	Studio City, CA 91604	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Little, Ryan J.	
STREET ADDRESS	10977 Bluffside Dr. #1116	
CITY-ST-ZIP	Studio City, CA 91604	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Christopher Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

(888) 681-6152

Daytime Phone #