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Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90126 049 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762121

1. Entity Name
FANTASY THEATRE FACTORY, INC.

Principal Place of Business	Mailing Address
7069 SW 47TH ST MIAMI, FL 33155 US	7069 SW 47TH ST MIAMI, FL 33155 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2230097 — 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
DULBERG, ROBERT A ESQ 100 S.E. 2ND STREET INTERNATIONAL PLAZA SUITE 2100 MIAMI, FL 33156	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 resigning) DATE

FILE NOW. FEE IS $61.25

9. Election Campaign Financing —Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MARGULIS, STEPHEN	NAME	VICTOR ROCHA
STREET ADDRESS	10747 NW 26TH ST	STREET ADDRESS	7441 SW 74TH AVE
CITY-ST-ZIP	SUNRISE, FL 00000,	CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DULBERG, ROBERT	NAME	
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 2100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	TSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLEN, ED	NAME	
STREET ADDRESS	6740 S.W. 75TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000,	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASBARRO, JOHN	NAME	
STREET ADDRESS	8541 N.W. 12TH ST.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, MIMI	NAME	
STREET ADDRESS	6740 S.W. 75TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000,	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REICH, AVA	NAME	
STREET ADDRESS	7538 SW 64 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	

CR2E037 (10/02)

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: Edward J Allen 5/1/03 305/284-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #