

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90090 018 ***150.00

DOCUMENT # J24272

1. Entity Name

M. KREKORIAN AND COMPANY, INC.

Principal Place of Business

Mailing Address

% MARK KREKORIAN
 12616 CLENDENNING DR
 TAMPA FL 33624

% MARK KREKORIAN
 12616 CLENDENNING DR
 TAMPA FL 33549-5312

2. Principal Place of Business

3. Mailing Address

18908 Place Marquette
 Suite, Apt. #, etc.

18908 Place Marquette
 Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-2714633

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

KREKORIAN, MARK
 12616 CLENDENNING DR
 TAMPA FL 33624

Name

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

18908 Place Marquette

City

Lutz

FL

Zip Code

33549

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 PD Delete
 NAME KREKORIAN, MARK
 STREET ADDRESS 12616 CLENDENNING DR
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME 18908 Place Marquette
 STREET ADDRESS Lutz, FL 33549
 CITY-ST-ZIP

TITLE VSDT Delete
 NAME KREKORIAN, MICHELE
 STREET ADDRESS 12616 CLENDENNING DRIVE
 CITY-ST-ZIP TAMPA FL

TITLE Change Addition
 NAME 18908 Place Marquette
 STREET ADDRESS Lutz, FL 33549
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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: MARK KREKORIAN 2/1/00 813 9498833
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)