

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90011 012 ****61.25

DOCUMENT # N96000000134

1. Entity Name
THEATRICAL ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business 154 NW 16 ST BOCA RATON FL 33432 US	Mailing Address 154 NW 16 ST BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0639483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name **Walter H. Messick, Attorney At Law**
 Street Address (P.O. Box Number is Not Acceptable) **2101 Corporate Blvd. Suite 101**
 City **BOCA RATON** FL Zip Code **33431**

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 *Walter H. Messick* **WALTER H. MESSICK** DATE **1/26/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME HARRY-LOFTQUIST, CINDY STREET ADDRESS 5359 PARK PLACE CIR CITY-ST-ZIP BOCA RATON FL 33496	<input checked="" type="checkbox"/> Delete
TITLE NAME RUBIN, LEON STREET ADDRESS 21550 CAVENDISH ROAD CITY-ST-ZIP BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME JOHNSON, HEIDI STREET ADDRESS 2898 SW 22 CIR #232A CITY-ST-ZIP DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME LAWLOR, DEBBI L STREET ADDRESS 1321 S.W. 18TH ST CITY-ST-ZIP BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME AGATHEAS, JOANN STREET ADDRESS 890 N. FED HWY #301 CITY-ST-ZIP BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME ALTNER, BOB STREET ADDRESS 4425 NW 27 AVE CITY-ST-ZIP BOCA RATON FL 33434	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Jill Brown STREET ADDRESS 1033 Boca Cove Lane CITY-ST-ZIP Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME KATHY Biscuiti STREET ADDRESS 5283 Park Place Circle CITY-ST-ZIP Boca Raton, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Deanna M. Redwood* **DEANNA M. REDWOOD** (561) 395-4956

CR2E037 (9/01)