

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2002 90095 007 ****61.25

DOCUMENT # N99000003705

1. Entity Name

IMMERSE YOURSELF IN CELEBRATION, INC.

Principal Place of Business

**1500 NORTH FEDERAL HIGHWAY, SUITE 200
 FORT LAUDERDALE FL 33304**

Mailing Address

**1500 N. FED. HWY
 STE 200
 FORT LAUDERDALE FL 33304**

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

65-0932211

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

~~HENNING, JON M ESQ.~~
~~MASTRIANA & CHRISTIANSEN, P.A.~~
~~1500 N. FEDERAL HWY., STE. 200~~
~~FORT LAUDERDALE FL 33304~~

Name **F. Ronald Mastriana, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)

1500 N. Fed. Hwy, suite 200
 City **Ft. Lauderdale** FL Zip Code **33304**

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

4/17/02

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.

\$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	KENNY, MICHAEL F	
STREET ADDRESS	1850 ELLER DR., STE. 303	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NERENHAUSEN, MARK	
STREET ADDRESS	201 S.W. 5TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, JANYCE	
STREET ADDRESS	1601 E. HILLSBORO BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARLEMAN, KATHLEEN	
STREET ADDRESS	ONE E. LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAGLIEBTER, TOBIE E	
STREET ADDRESS	2455 HOLLYWOOD BLVD., STE. 114	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tess Phyllis	
STREET ADDRESS	1601 E Hillsboro Blvd	
CITY-ST-ZIP	Deerfield Beach FL 33441	
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		

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:

SIGNATURE REQUIRED

4/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)