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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P26332

1. Corporation Name

RAYMON	ID WEISS ARTIST MANAG	EMENT, INC.				 			
Principal P acc	e of Business	Mailing Address					- 1710- 1710- 1701- 1701		
300 WEST 55TH	H STREET	300 WEST 55TH STREET							
SUITE 5L SUITE 5L						20.110	T WOITE IN T	IC CDACE	
NEW YORK NY 10019-5138 NEW YORK NY 10019-5138						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
	<u></u>					10/03/1989	uallieu	· — —	
Principal P	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26				13-2786100		· 	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Des	sired 🗌	• -	Additional Required
22		27							
City & State	e	City & State				6. Election Campaign Fina	- 11		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes t	he current year	Intangible	⊒ N₀
24	25	29	30			Personal Property Tax. 10. Name and Address of	Now Ponietor		
	9. Name and Address of Curre	n: Registered Agent		31 1	Name	TU. Name and Address of	New Register	nu Agent	
WEIS	SS BAVMOND		ľ	"	Maille				
Weiss, raymond 2932 Seidenberg avenue			8	82 Street A Idre		ess (P.O. Bo: Number is Not.			
	WEST FL 33040		8	33					
			L						C-40
			8	34 (City		F	L 85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Status e of Florida. Such change was	tes, the abo authorized b	ove-n	named corporation	oration submits this statement on's board of directors. I hereb	for the purpose y accept the ap	of changing it pointment as r	s registered egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fit	onda Statute	es.					
agent. I a SIGNATURE	m familiar with, and accept the oblig		onda Statute	es.		d when reinstating	DATE		
agent. I a SIGNATURE	Signature, typed or printed n ime of registered age	er t and utte if applicable. (NO T	onda Statute	es.		d when reinstating I DNS/CHANGES			
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14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.€7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as nequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerec.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDF ESS

CITY-ST-ZIP