

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90215 050 ***150.00

DOCUMENT # P99000058799

1. Entity Name

MERIDIAN ENTERTAINMENT, INC.

Principal Place of Business

**3470 W. HILLSBORO BLVD., B12-208
 COCONUT CREEK FL 33073**

Mailing Address

**3470 W. HILLSBORO BLVD., B12-208
 COCONUT CREEK FL 33073**

2. Principal Place of Business

3470 West Hillsboro Blvd

3. Mailing Address

3470 West Hillsboro Blvd

Suite, Apt. #, etc.

B12-208

Suite, Apt. #, etc.

B12-208

City & State

Coconut Creek FL

City & State

Coconut Creek FL

Zip

33073

Country

USA

Zip

33073

Country

USA

6. Name and Address of Current Registered Agent

CARTER, BARBARA J

**3470 W. HILLSBORO BLVD., B12-208
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

Barbara J. Carter

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

3470 West Hillsboro Blvd.

B12-208

City

Coconut Creek

FL

Zip Code

33073

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, 2001 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

TITLE **VSD** ☐ Delete
 NAME **CARTER, BARBARA J**
 STREET ADDRESS **3470 WEST HILLSBORO BLVD 12-208-B**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33073**

TITLE **PTD** ☐ Delete
 NAME **AHRENS, SAMANTHA**
 STREET ADDRESS **3470 WEST HILLSBORO BLVD 12-208-B**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
 Date

954.421.2522
 Daytime Phone #

CR2E034 (10/00)