2002 UNIFORM BUSINESS REPORT (UBR)

203756

ROAD

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

DOCUMENT # 1. Entity Name

MORT KAYE STUDIOS INC

Principal Place of Business

2. Principal Place of Business

219 _INDIAN

BENCH

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

KAYE.MORT

MAY, KAYE

219 INDIAN ROAD

333 SUNRISE AVE

PALM BEACH FL

PALM BEACH FL

Mailing Address

313 PERUVIAN AVE PALM BCH FL 33480

Suite, Apt. #, etc.

City & State

PALM

33480

LEIBOVIT, LOUIS

SIGNATURE

11.

TITLE

TITLE

NAME

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NAME

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NAME ----

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

350 ROYAL PALM WAY PALM BEACH FL

(See criteria on back)

D

3. Mailing Address

Suite, Apt. #, etc.

City & State

MUM

219

313 PERUVIAN AVE

PALM BCH FL 33480

INDIAN

BEACH

KOAÙ

Country____

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

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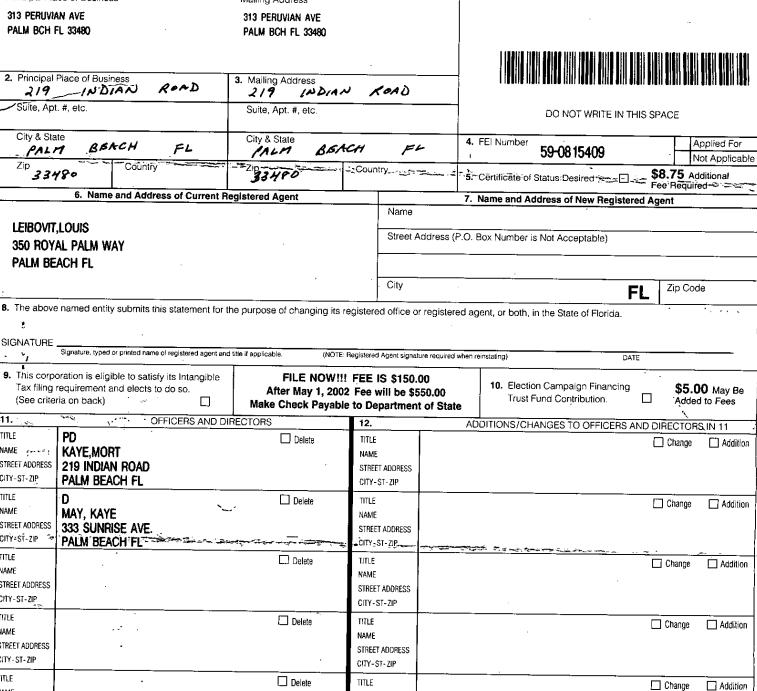
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FILED Jun 12, 2002 8:00 am Secretary of State

06-12-2002 90239 046 ***150.00



STREET ADDRESS CITY-ST-ZIP 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.

Change

Addition