

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90055 011 ***150.00

DOCUMENT # 836181

1. Entity Name
BRAMSON ENTERTAINMENT BUREAU, INC.

Principal Place of Business

**630 NINTH AVE
 STE-203
 NEW YORK NY 10036
 US**

Mailing Address

**630 NINTH AVE
 STE-203
 NEW YORK NY 10036
 US**

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 **13-1764144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Jan Stenning**

Street Address (P.O. Box Number is Not Acceptable)
c/o Bramson

1541 W. Oak Knoll Circle

City **Fort Lauderdale**

FL

Zip Code **33324-6410**

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 *Jan Stenning*
 Signature, typed or printed name of registered agent and title if applicable

Jan Stenning

4/24/02

(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, 2002 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 **D** ☐ Delete
 NAME **ABRAMSON, EPHRAIM M.**
 STREET ADDRESS **SCRIBNER HOLLOW ROAD**
 CITY-ST-ZIP **HUNTER NY**

TITLE **DS** ☐ Delete
 NAME **ABRAMSON, JAMES**
 STREET ADDRESS **SCRIBNER HOLLOW ROAD**
 CITY-ST-ZIP **HUNTER NY**

TITLE **PT** ☐ Delete
 NAME **RAFF, LINDA**
 STREET ADDRESS **119 WALNUT DRIVE**
 CITY-ST-ZIP **TENAFLY NJ 07670**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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
 NAME
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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:

Linda A. Raff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda A. Raff 4/24/02 (212) 265-3500

Date

Daytime Phone #

CR2E034 (9/01)