

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91183 046 \*\*\*\*61.50

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #00000000448

1. Entity Name

*CROWNING*  
**CROWNING ROOSTER ARTS, INC.**

Principal Place of Business Mailing Address

180 WEST BROADWAY  
 ROOM 302  
 NEW YORK, NY 10013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

13-3693565

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

*Gary Sanon-Jules*  
*Tap Tap*  
*819 Fifth Street*  
*Miami Beach, FL 33139*

Name

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

City

FL

Zip Code

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

**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 DIRECTOR ☐ Delete  
 NAME KATHARINE KEAN  
 STREET ADDRESS P.O. BOX 1807, CANAL ST STN  
 CITY - ST - ZIP NEW YORK, NY 10013

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

TITLE DIRECTOR ☐ Delete  
 NAME DAVID BELLE  
 STREET ADDRESS P.O. BOX 413  
 CITY - ST - ZIP REMSENBURG, NY 11960

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

TITLE DIRECTOR ☐ Delete  
 NAME ALBERT MAYSLES  
 STREET ADDRESS ONE WEST 72ND STREET  
 CITY - ST - ZIP NEW YORK, NY

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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 CITY - ST - ZIP

TITLE ☐ Change ☐ 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #