

September 11, 2001 Terrorist Attack

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000000448

1. Entity Name

CROWING ROOSTER ARTS, INC.

Principal Place of Business Mailing Address
180 WEST BROADWAY
ROOM 302
NEW YORK, NY 10013

FILED

01 DEC 31 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13-3693565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GARY Sannon-Jules
819 Fifth St.
Miami Beach, FL
33139

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 STREET STN
CITY - ST - ZIP NEW YORK, NY 10013

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Katharine Kean 11-15-02