

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 JAN 12 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800024863328  
11/19/03--01063--021 \*\*\$1.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # 00000000448

1. Entity Name

CROWING ROOSTER ARTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
180 WEST BROADWAY Suite, Apt. #, etc.		Suite, Apt. #, etc.	
ROOM 302 City & State		City & State	
NEW YORK, NY			
Zip	Country	Zip	Country
10013			

4. FEI Number	Applied For
13-3693565	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent

Name: Gary Sannon-Jules

Street Address (P.O. Box Number is Not Acceptable): 819 Fifth Street

City: Miami Beach FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Gary Sannon-Jules

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 12/16/03

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE	DIRECTOR	TITLE	
NAME	KATHARINE KEAN	NAME	
STREET ADDRESS	P.O. BOX 1807, CANAL STREET STN	STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10013	CITY - ST - ZIP	
TITLE	DIRECTOR	TITLE	
NAME	DAVID BELLE	NAME	
STREET ADDRESS	P.O. BOX 413	STREET ADDRESS	
CITY - ST - ZIP	REMSBURG, NY 11960	CITY - ST - ZIP	
TITLE	DIRECTOR	TITLE	
NAME	ALBERT MAYSLES	NAME	
STREET ADDRESS	ONE WEST 72ND STREET	STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Katharine Kean KATHARINE KEAN 12 NOV 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/16/03 Daytime Phone #: (212) 334-6280

**CROWING ROOSTER ARTS, INC.**

180 WEST BROADWAY, ROOM 302  
NEW YORK, NEW YORK 10013

**PHONE:** 212-334-6260

**FAX:** 212-334-6263



Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs/Madams:

I am resubmitting the enclosed Uniform Business Report (UBR) for Crowing Rooster Arts and would like it to be applied to the year 2004. Please apply the \$61.25 overpayment to 2004 as well.

Please call me at the above phone number if you have any questions.

Sincerely,

*Joanne Spadaro*

Joanne Spadaro