

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90158 001 ***300.00

US588424

DOCUMENT # F00000000458

1. Entity Name
CTS HOSPITALITY INC.

Principal Place of Business

Mailing Address

**3901 MAIN #200
 KANSAS CITY MO 64111**

**3901 MAIN #200
 KANSAS CITY MO 64111**

2. Principal Place of Business

3325 HOLLYWOOD BLVD

3. Mailing Address

3901 MAIN ST.

Suite, Apt. #, etc.

SUITE 501

Suite, Apt. #, etc.

SUITE 200

City & State

HOLLYWOOD, FL

City & State

KANSAS CITY, MO

Zip

33021

Country

USA

Zip

64111

Country

USA

4. FEI Number

43-1683292

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NYTRAY, CAROLE
 3325 HOLLYWOOD HILLS BLVD
 #501
 HOLLYWOOD FL 33309**

7. Name and Address of New Registered Agent

Name
BARY LITTON

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

3325 HOLLYWOOD BLVD., SUITE 501

City

HOLLYWOOD

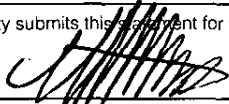
FL

Zip Code

33021

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)

03/14/01

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PCD
 SANTORO, CARL
 3901 MAIN #200
 KANSAS CITY MO**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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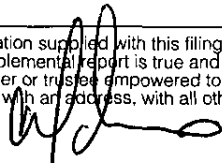
Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)