

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90152 032 \*\*\*150.00

DOCUMENT # F00000001170

1. Entity Name  
CENTRAL CASTING, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4132 SOUTH RAINBOW BLVD

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
PO BOX 508

Suite, Apt. #, etc.

City & State  
LAS VEGAS, NV

City & State

4. FEI Number  
88-0394190

Applied For  
Not Applicable

Zip  
89103-3106

Country  
UNITED STATES

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
CHRIS LAMBRECHTS  
Street Address (P.O. Box Number is Not Acceptable)  
11737 N.W. ETH STREET

City  
PLANTATION FL Zip Code  
33325

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 of registered agent and title if applicable. (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) ☒

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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 PSTD  
NAME JOHN F. HOGAN, JR.  
STREET ADDRESS 4132 SOUTH RAINBOW BLVD,  
CITY - ST - ZIP LAS VEGAS, NV. 89103

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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 #