2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # F93000003568 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** THE JERUSALEM GROUP THEATRE, INC. 03-03-2000 90198 024 ****70.00 Principal Place of Business Mailing Address 3341 PINE HILL TRAIL 90 EAST STREET PALM BEACH GARDENS FL 33418 HICKSVILLE NY 11801-3116 2. Principal Place of Business 3. Mailing Address PO Box 32637 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 13-3677147 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33418 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shallowas C Street Address (P.O. Box Number is Not Acceptable) BLUMENTHAL', STEVEN W 307 EAGLETON ESTATES DR. Wo+dview PALM BEACH GARDENS FL 33418 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** or registered agent and title inapplicable reinstating) مارزا بالمحار استنساختيا فالعلب هجاجوري 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME JACOBSON, ALAN STREET ADDRESS STREET ADDRESS 3341 PINE HILL TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Addition ☐ Change ☐ Delete TITLE NAME JACOBSON: MELISSA STREET ADDRESS STREET ADDRESS 13341 PINE HILL TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME Steinberg, Fred STREET ADDRESS STREET ADDRESS 2845 BAYVIEW AVE CITY-ST-ZIP CITY-ST-ZIP WANTAGH NY 11793 Change Addition TITLE TITLE . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP, ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP 25 T SACE SACE SA 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