

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90057 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000003419

1. Entity Name
SELLTHROUGH ENTERTAINMENT, INC.

90139480

Principal Place of Business
 500 KIRTS BLVD.
 TROY, MI 48064

Mailing Address
 500 KIRTS BLVD.
 TROY, MI 48064

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
38-3237521

Applied For
 Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

Name

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

City

FL

Zip Code

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 agents.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when Institution)

DATE

FILE NOW WITH FEB 15-160.00
 APRIL MAY 172003 Fee will be 1550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME NADELBERG, STEPHEN
 STREET ADDRESS 600 KIRTS BLVD.
 CITY-STATE-ZIP TROY, MI 48064 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☒ Addition

TITLE D
 NAME KOKKO, ROSEANNE
 STREET ADDRESS 600 KIRTS BLVD
 CITY-STATE-ZIP TROY, MI 48064 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SVFD
 NAME BRAMS, LEONARD
 STREET ADDRESS 600 KIRTS BLVD.
 CITY-STATE-ZIP TROY, MI 48064 ☒ Delete

TITLE SVFD
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☒ Addition

TITLE S
 NAME KARTJE, KENNETH
 STREET ADDRESS 600 KIRTS BLVD.
 CITY-STATE-ZIP TROY, MI 48064 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D
 NAME STROME, STEPHEN
 STREET ADDRESS 600 KIRTS BLVD.
 CITY-STATE-ZIP TROY, MI 48064 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☒ Addition

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 registrant or trustee empowered to execute this report as required by Chapter 607, 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

4/24/03

248-362-4400

Date

Deputy Phone #

CREC034 (10/02)