

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G47878

1. Entity Name

PRESTIGE MEDIA LTD., INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90176 002 ***150.00

Principal Place of Business

5220 NW 87 WAY
 CORAL SPRGS FL 33067
 US

Mailing Address

5220 NW 87 WAY
 CORAL SPRGS FL 33067-2887
 US

2. Principal Place of Business

3061 NW 92 ave

3. Mailing Address

3061 NW 92 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs

4. FEI Number

59-2311858

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVITT, PRESTON
 8211 W BROWARD BLVD
 PH4
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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, 2000 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 PTS ☐ Delete
 NAME GLASSMAN PHILIP
 STREET ADDRESS 5220 NW 87 WAY 3061 NW 92 ave
 CITY-ST-ZIP CORAL SPRGS. FL 33065

TITLE V ☒ Delete
 NAME GLASSMAN KRIS
 STREET ADDRESS 5220 NW 87 WAY
 CITY-ST-ZIP CORAL SPRGS. FL

TITLE ☐ Delete
 NAME ~~STANLEY~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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

Philip Glassman

Date

4/24/00

Daytime Phone #

(954) 755-7355

CR2E034 (9/99)