

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90089 004 ***150.00

DOCUMENT # J41348

1. Entity Name
ART T.V., INC.

R

Principal Place of Business Mailing Address
4358 N.E. 5 AVENUE **4358 N.E. 5 AVENUE**
FT. LAUDERDALE FL 33334 **FT. LAUDERDALE FL 33334**

2. Principal Place of Business 3. Mailing Address
4358 NE 5 AVE **4358 NE 5 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
OAKLAND PK FL **OAKLAND PK FL** **59-2732544** Not Applicable
 Zip Country Zip Country
33334 **BROWARD** **33334** **BROWARD**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RESNICK, ARTHUR Name
4358 N.E. 5 AVENUE Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33334 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 *Arthur Resnick* DATE **7-13-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$650.00**
(See criteria on back) **After SEPTEMBER 13, 2000 Min. will be \$750.00**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, ARTHUR	NAME	
STREET ADDRESS	1251 S. FEDERAL HWY.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Arthur Resnick* SIGNATURE REQUIRED DATE: **7-13-00** DAYTIME PHONE #: **9544293377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

J41348

AD048197

7-14-00

DEAR SHAWN

AS PER OUR TELEPHONE
CONVERSATION I DIDN'T RECEIVE
THE FIRST REPORT, WHO'S CITY
& ZIP

at kennel