

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90101 014 \*\*\*150.00

**DOCUMENT # J87398**

**1. Entity Name**  
**CLASS ACT ENTERTAINMENT, INC.**

**Principal Place of Business**  
**5236 GOLD TREE CT**  
**ORLANDO FL 32808**

**Mailing Address**  
**5236 GOLD TREE CT**  
**ORLANDO FL 32808**

**2. Principal Place of Business**  
**769 HEATHER GLEN CIR.**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**769 HEATHER GLEN CIR.**  
**Suite, Apt. #, etc.**

**City & State**  
**LAKE MARY, FLORIDA**  
**Zip**  
**32746**  
**Country**  
**SEMINOLE**

**City & State**  
**LAKE MARY, FLORIDA**  
**Zip**  
**32746**  
**Country**  
**SEMINOLE**

**4. FEI Number** **59-2840032** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DACEY, THOMAS L.**  
**5236 GOLD TREE CT**  
**ORLANDO FL 32808**

**7. Name and Address of New Registered Agent**

**Name** **THOMAS L. DACEY**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**769 HEATHER GLEN CIRCLE**  
**City** **LAKE MARY** **FL** **Zip Code** **32746**

**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]* **PRESIDENT** **4/20/02**  
Signature, typed or printed name 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)** ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	DACEY, THOMAS L.	5236 GOLD TREE CT.	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	THOMAS L. DACEY	769 HEATHER GLEN CIRCLE	LAKE MARY, FLORIDA 32746	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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]* **4/20/02** **407-291-2103**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)