

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

DOCUMENT #

1. Entity Name K 39590

Famous Faces Entertainment Corp.

FILED

02 MAR 18 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2013 Harding Street
Suite, Apt. #, etc.

3. Mailing Address

2013 Harding Street
Suite, Apt. #, etc.

City & State

Hollywood, Fl

City & State

Hollywood, Fl

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0076087

☐ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Paul Levine

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

2013 Harding Street

City

Hollywood,

FL

Zip Code

33020

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.

PAUL LEVINE, PRESIDENT

3/14/02

(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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD

NAME

Paul Levine

STREET ADDRESS

2013 Harding Street

CITY - ST - ZIP

Hollywood, Fl 33020

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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***1058.75 ***1058.75

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LEVINE

3/14/02

954-922-0700

Date

Daytime Phone #