

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90288 034 \*\*\*150.00

**DOCUMENT # K59770**

1. Entity Name

DAN LESLIE'S ENTERTAINERS, INC.



Principal Place of Business

2650 N MILITARY TR STE 150  
BOCA RATON FL 33431  
US

Mailing Address

% ALAN J. WERKSMAN  
160 S.W. 12TH AVE. SUITE 101B  
DEERFIELD BCH FL 33442-3102  
US



2. Principal Place of Business

2550 N.W 47ST  
Suite, Apt. #, etc.

3. Mailing Address

2550 NW 47 ST  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0104013

Applied For

Not Applicable

Zip

33434

Country

USA

Zip

33434

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WERKSMAN, ALAN J.  
2650 N MILITARY TR STE 150  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

DAVID LUBOWSKY

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

2550 N.W 47ST

City

BOCA RATON

FL

Zip Code

33434

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 agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LUBOWSKY, DAVID	
STREET ADDRESS	2550 NW 47TH STREET	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TABATCHNICK, ANDREW	
STREET ADDRESS	1421 GABRIELLE LANE #4113	
CITY - ST - ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

Date

561-241-6100

Daytime Phone #