

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 27 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007218

1. Entity Name

Andrew Brandon Entertainment, LLC

Principal Place of Business

Mailing Address

5053 NW 125th AVE

SAME

CORAL SPRINGS, FL 33076

2. Principal Place of Business

5053 NW 125th AVE

3. Mailing Address

5053 NW 125th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip 33076

Country USA

Zip 33076

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACK KOUSSEVITZKY  
5053 NW 125th AVENUE  
CORAL SPRINGS, FL 33076

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 of person or persons named name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

TITLE PRES.  
NAME JACK KOUSSEVITZKY  
STREET ADDRESS 5053 NW 125th AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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ADDITIONS/CHANGES  
500004194555-6  
-05/10/01--01132-018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01 954 3415556  
Date Daytime Phone #

CR2E083 (11/00)