## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 28, 2002 8:00 am **Secrétary of State** DOCUMENT # L00311 1. Entity Name 07-28-2002 90175 008 \*\*\*550 00 APPLAUSE MUSIC AND ENTERTAINMENT, INC. Principal Place of Business Mailing Address 6825 NW 7TH CT 6825 NW 74 CT PARKLAND FL 33067 PARKLAND FL 33067 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0130513 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEISCHMAN, JOEL Street Address (P.O. Box Number is Not Acceptable) 6825 NW 74TH CT PARKLAND FL 33067 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9, This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (4/02)TITLE ☐ Delete ☐ Addition NAME ELLENTUCK, LINDA NAME R2E034 STREET ADDRESS 6825 NW 74TH CT STREET ADDRESS CITY-ST-7IP PARKLAND FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change FLEISCHMAN, JOEL NAME 6825 NW 74TH CT STREET ADDRESS STREET ADDRESS CITY - ST- ZIP PARKLAND FL. CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Ellentick 7/23/02 9543409844

FILED