

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

04-22-2002 90150 043 ****50.00

DOCUMENT # L01000008963

1. Entity Name

HERITAGE ENTERTAINMENT, LLC

Principal Place of Business

1926 10TH AVENUE NORTH, STE. 303
 LAKE WORTH FL 33461

Mailing Address

1926 10TH AVENUE NORTH, STE. 303
 LAKE WORTH FL 33461

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

04-3682193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARDILLO, DEBRA
 1926 10TH AVENUE NORTH, STE. 303
 LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DCST
HIMMEL, JEFFREY
125 E. 72 STREET APT 7A
NEW YORK NY

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DWYER, PATRICK
15 STURGES RIDGE ROAD
WILTON CT

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
TASHLIK, THEODORE WM
7 PEARWOOD LANE
ROSLYN NY 11576

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GOLDMAN, MARTIN M.
16 TULIP DRIVE
GREAT NECK NY 11021

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CARDILLO, DEBRA
4265 HYACINTH CIRCLE NO.
PALM BEACH GARDENS FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CHIEF EXECUTIVE
OFFICER
MANAGING MEMBER

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CHIEF OPERATING OFFICER
PRESIDENT

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DIRECTOR

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DIRECTOR

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CHIEF FINANCIAL OFFICER

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

4/8/02

(561) 585-0070

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

Date

Daytime Phone #

CR2083 (9/01)