2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am L26892 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90043 009 ***150.00 ARTISTOCRAT ENTERTAINMENT, INC. Principal Place of Business Mailing Address %LEE PETRUCCI **%LEE PETRUCCI** 1339 NW 3RD TERRACE 1339 NW 3RD TERRACE CAPE CORAL FL 33993 CAPE CORAL FL 33993 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0149496 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETRUCCI, LEE Street Address (P.O. Box Number is Not Acceptable) **1339 NW 3RD TERR** CAPE CORAL FL 33993 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition TITLE Change TITLE ☐ Delete PETRUCCI, LEE NAME NAME STREET ADDRESS 1339 NW 3RD TERR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL Change ☐ Delete TITLE ☐ Addition TITLE DS LOCKE, LORI NAME NAME STREET ADDRESS **1339 NW 3RD TERR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

FILED