

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90970 003 ***158.75

DOCUMENT # L47890

1. Entity Name
STRATTON PICTURE COMPANY



Principal Place of Business
**2575 S PARK ROAD
PEMBROKE PARK FL 33009**

Mailing Address
**2575 S PARK ROAD
PEMBROKE PARK FL 33009**

00041004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0170171**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBINCHIK, HARVEY
1776 N. PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33322**

Name **EVAN MERKUR**

Street Address (P.O. Box Number is Not Acceptable)
2575 So. PARK ROAD

City **PEMBROKE PARK**

FL

Zip Code **33009**

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.

EVAN MERKUR

(NOTE: Registered Agent signature required when reinstating)

4/23/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MERKUR, JOEL	
STREET ADDRESS	10301 NW 10TH COURT	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Michael Sargent</i>	
STREET ADDRESS	<i>6401 W 6th St</i>	
CITY-ST-ZIP	<i>Bedford Park IL 60638</i>	
TITLE	<i>MARKUS LSEN RICH</i>	<input type="checkbox"/> Delete
NAME	<i>185 Wind Chime Court</i>	
STREET ADDRESS	<i>Suite 801</i>	
CITY-ST-ZIP	<i>Raleigh NC 27615</i>	
TITLE	<i>Michael Sargent</i>	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Secretary/Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Michael Sargent</i>	
STREET ADDRESS	<i>6401 W 6th St</i>	
CITY-ST-ZIP	<i>Bedford Park IL 60638</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **Michael Sargent** **4-20-03** **708 544-1400**

CR2E034 (10/02)