FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachmen

## Mar 28, 2001 8:00 am Secretary of State DOCUMENT # M09346 1. Entity Name COMMUNICATIONS & SHOW MANAGEMENT, INC. 03-28-2001 90218 004 \*\*\*150.00 Principal Place of Business Mailing Address 1450 NE 123RD ST 1450 NE 123RD ST NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 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 59-2477488 Not Applicable Zip Country 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 SCHWARTZ, STANLEY J. Street Address (P.O. Box Number is Not Acceptable) 1450 N.E. 123RD STREET NORTH MIAMI FL 33161 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 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, 2001 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHWARTZ, STANLEY J. NAME NAME STREET ADDRESS 1450 N.E. 123RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE KEIGHLEY, MICHAEL J. NAME STREET ADDRESS 1450 N.E. 123RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE KATZ, HARDY C. NAME NAME STREET ADDRESS 1450 N.E. 123RD STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NORTH MIAMI FL ☐ Addition TITLE ☐ Change ☐ Delete TITLE MELTZER, JOEL S. NAME NAME STREET ADDRESS 2500 S.-DIXIE HIGHWAY -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE GOODMAN, SHEILA NAME NAME 2500 S. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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