

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M96000000525**

1. Entity Name
ALTER-ENTERTAINMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42

Principal Place of Business
370 JEFFERSON DR., #204
DEERFIELD BEACH FL 33442

Mailing Address
370 JEFFERSON DR., #204
DEERFIELD BEACH FL 33442-9442



2. Principal Place of Business
350 Spyglass Way
Suite, Apt. #, etc.

3. Mailing Address
350 Spyglass Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jupiter, Florida

City & State
Jupiter, Florida

4. FEI Number **22-3364708** Applied For Not Applicable

Zip **33477** Country **USA** Zip **33477** Country **USA**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ALTERMAN, ERIC D
370 JEFFERSON DR., #204
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name **ERIC D. Alterman**
Street Address (P.O. Box Number is Not Acceptable)
350 Spyglass Way
City **Jupiter** FL Zip Code **33477**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTERMAN, ERIC D 370 JEFFERSON DR., #204 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003162152--5 -03/08/00--01054--010 *****50.00*****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mf 3/7/00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ERIC D. ALTERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date _____ Daytime Phone # _____

CR2E083 (9/99)