

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

3. Mailing Address

350 Spyglass Way
Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

ALTERMAN, ERIC D
370 JEFFERSON DR., #204
DEERFIELD BEACH FL 33442

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

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

(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 MGRM
NAME ALTERMAN, ERIC D
STREET ADDRESS 370 JEFFERSON DR., #204
CITY- ST- ZIP DEERFIELD BEACH FL 33442

TITLE NAME
NAME
STREET ADDRESS 200003162152--5
CITY- ST- ZIP -03/08/00--01054--010
*****50.00

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

ALTERMAN, ERIC D

Date

Daytime Phone #

CR2E083 (9/99)