## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 11, 2000 8:00 am Secretary of State DOCUMENT # N9500004994--1. Entity Name THE IMAGINE STAGE COMPANY, INC. 09-11-2000 90076 033 \*\*\*\*70.00 Principal Place of Business Mailing Address 40 NORTHWEST 76TH AVENUE. SUITE 206-1 40 NORTHWEST 76TH AVENUE, SUITE 206-1 PLANTATION FL 33324-2040 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0615518 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 SEEGER. Street Address (P.O. Box Number is Not Acceptable) <del>-Seeler,</del> Jerry 40 NW 76TH AVENUE STE. 206-1 Zip Code City FL **PLANTATION FL 33324** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GARCIA, ELENA M STREET ADDRESS 40 NORTHWEST 76TH AVENUE, SUITE 206-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SΠ NAME NAME SEEGER, JERRY STREET ADDRESS STREET ADDRESS 40 NORTHWEST-76TH AVENUE, SUITE 206-1- - ---CITY-ST-ZIP CITY-ST-AP PLANTATION FL 33324 ☐ Delete Addition ☐ Change PD TITLE TITLE GAINSBURG, BARY BARRY NAME NAME STREET ADDRESS STREET ADDRESS 1100 SW 74TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 PNICK CAVALANCIA Addition ☐ Change **Delete** TITLE TITLE 7308 Sugt CT. GARCIA, ELONA NAME NAME STREET ADDRESS STREET ADDRESS 46 NW 76 AVE 206-1 PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME PARENTE, EILEEN NAME STREET ADDRESS STREET ADDRESS 1131 N.W. 118TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33323 ☐ Change **1** Addition HOWARD PETUSEVSKY TITLE ☐ Delete TITLE NAME 5129 N.W. 86way NAME STREET ADDRESS STREET ADDRESS 3306 CITY-ST-ZIP CITY-ST-ZIP oran slanGS 12. I hereby certify that the information supplied with the filling 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ap address, with all other like empowered.

MI ATTI RE REDURED SIGNATURE:

CR2E037 (9/99