

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90009 033 ***550.00

DOCUMENT # P00000019718

1. Entity Name

TURNTABLE ENTERTAINMENT & PRODUCTION COMPANY

Principal Place of Business
 420 Lincoln Road, #240
 Miami Beach, FL 33139

Mailing Address
 420 Lincoln Road, #240
 Miami Beach, FL 33139

00061268

2. Principal Place of Business
 29 NE 11 Street

3. Mailing Address
 5325 NW 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number
 65-0987232

Applied For
 Not Applicable

Zip 33132 **Country** US

Zip 33166 **Country** US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Steve Polisar
 420 Lincoln Road, #240
 Miami Beach, FL 33139

7. Name and Address of New Registered Agent

Name Patricia Burnside
Street Address (P.O. Box Number is Not Acceptable)
 2455 Hollywood Blvd., #104
City Hollywood **FL** **Zip Code** 33020

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 *Patricia Burnside* **DATE** 7/24/01
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME PANTON, DEAN ☒ **Delete**
STREET ADDRESS 420 Lincoln Road, #240
CITY-ST-ZIP Miami Beach, FL 33139

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ **Change** ☒ **Addition**
NAME GALARDI, JACK E.
STREET ADDRESS 5325 NW 77 Avenue
CITY-ST-ZIP Miami, FL 33166

TITLE VP ☐ **Change** ☒ **Addition**
NAME HOCH, JEFFERY
STREET ADDRESS 5325 NW 77 Avenue
CITY-ST-ZIP Miami, FL 33166

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffery Hoch* **Jeffery Hoch, Vice-President** **305-358-9848**
Signature and typed or printed name of signing officer or director

Date 7-24-01 **Daytime Phone #**

CR2034 (11/00)