

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91218 048 ***150.00

DOCUMENT # **P00000065739**

1. Entity Name

ARTIST ENTERTAINMENT SOURCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10090 PLANT DRIVE

3. Mailing Address

10090 PLANT DRIVE

Suite, Apt. #, etc.

PALM BEACH GARDENS

Suite, Apt. #, etc.

PALM BEACH GARDENS

City & State

FLORIDA

City & State

FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1033280

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip **33410-4660**

Country

USA

Zip **33410-4660**

Country

USA

7. Name and Address of Current Registered Agent

Name

JAMES A. CIDOFF, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

11911 US HWY. 1, SUITE 201

NORTH PALM BEACH

City

FL

Zip Code

33408

**DO NOT WRITE
IN THIS SPACE**

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

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

After May 1, Fee is \$500.00

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S/D/C/M CHARLES DARRELL LACY 10090 PLANT DRIVE PALM BEACH GARDENS FL 33410-4660
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Darrell Lacy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 #561-691-3638

Date

Daytime Phone #

CR2E034B (12/01)