

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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90236 042 \*\*\*150.00

DOCUMENT # *P00000065739*

1. Entity Name

*Artist Entertainment Source, Inc.*

**DO NOT WRITE IN THIS SPACE**

**94074757**

2. Principal Place of Business

*3801 ISLAND CLUB CIRCLE*

Suite, Apt. #, etc.

3. Mailing Address

*3801 ISLAND CLUB CIRCLE*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

*FIN?*

City & State

*LAKE ANA, FL*

City & State

*LAKE ANA, FL*

4. FEI Number

*65-1033280*

Applied For  
Not Applicable

Zip

*33462*

Country

*USA*

Zip

*33462*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*James A. Cioffi, Esq.*

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

*11911 US Hwy. 1, SUITE 201*

City

*NORTH PALM BEACH*

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

*N/A*  
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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

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  
CHARLES DARRELL LACY  
3801 ISLAND CLUB CIRCLE EAST  
LAKE ANA, FL. 33462*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

*4/27/04 561-906-8030*  
Date Daytime Phone #

CR2E034B (12/01)