

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

DOCUMENT # **P00000065739**
1. Entity Name **Artist Entertainment Source, Inc.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -7 PM 7:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3801 ISLAND CLUB CTR. E.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
LANTANA, FL
Zip
33462
Country
USA

City & State
Zip
Country

4. FEI Number
65-1033280

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
James A. Cioppi, Esq.
Street Address (P.O. Box Number is Not Acceptable)
250 TEQUESTA DRIVE
City
TEQUESTA FL Zip Code

**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) ☒

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 CTR. E.
LANTANA FL 33462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200018451462
05/07/03--01054--003 **150.00**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Darrell Lacy **Charles Darrell Lacy** **5/6/03** **561-304-7997**

CR2034B (12/01)