

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000094311**1. Entity Name  
CHABON ENTERTAINMENT GROUP, INC.

## Principal Place of Business

651 OKEECHOBEE BLVD., PH 1002

WEST PALM BEACH  
33401

FL

## Mailing Address

651 OKEECHOBEE BLVD., PH 1002

WEST PALM BEACH  
33401

FL

## 2. Principal Place of Business

312 CLEMATIS STREET

Suite, Apt. #, etc.  
400City & State  
WEST PALM BEACH

FL

Zip  
33401

Country

## 3. Mailing Address

555 CHURCH STREET

Suite, Apt. #, etc.  
2102City & State  
NASHVILLE

TN

Zip  
37219

Country

## 4. FEI Number

**65-1046310**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ROCHEFORT LAWRENCE PESQ.  
PHILLIPS POINT EAST TOWER  
777 SOUTH FLAGLER DR., SUITE 900  
WEST PALM BEACH  
33401

FL

US

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

**09/04/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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 D ☐ Delete  
NAME CHABON JEFFREY  
STREET ADDRESS 235 SUNRISE AVENUE #2025  
CITY-ST-ZIP PALM BEACH FL 33480TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MR. ☒ Change ☐ Addition  
NAME CHABON JEFFREY  
STREET ADDRESS 312 CLEMATIS STREET, SUITE 400  
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jeffrey Chabon

Mr.

09/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)