FROM : HARRIETTE WALSH FAX NO. : 5614338210

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-23-2004 90005 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021147

1. Entity Name: South Shore Amusement Inc

DO NOT WRITE IN THIS SPACE

44049549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1577 SW 1st Way
Suite, Apt. #, etc.: #20
City & State: Deerfield Beach, FL.
Zip: 33441 Country: Broward

3. Mailing Address:
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1085876 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Harriet Walsh Inc
Street Address (P.O. Box Number is Not Acceptable): 6789 Green Island Circle
City: Lake Worth FL Zip Code: 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Stephen Lichtman
STREET ADDRESS	1577 SW 1st Way #20
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Did not receive 1st notice. Please abate penalty

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/21/04 954-5705932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #