

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90117 025 \*\*\*150.00

DOCUMENT # P01000029839 ✓

1. Entity Name

EVERAFTER ARTS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9775 S. MARYLAND PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

F165

Suite, Apt. #, etc.

City & State

LAS VEGAS

City & State

Zip

89123

Country

CLARK

Zip

89123

Country

CLARK

4. FEI Number

65-1083060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLA NUSBAUM

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

1471 GRACE AVENUE

City

FORT MYERS

FL

Zip Code

33901

**DO NOT WRITE  
IN THIS SPACE**

3. 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 CARLA NUSBAUM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

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

PRESIDENT/TREASURER  
PATRICIA L. CORRADIO P/T  
9775 S. MARYLAND PKWY F165  
LAS VEGAS NV 89123

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VICE PRES/SECRETARY V/S  
MICHAEL W. CORRADIO  
9775 S. MARYLAND PKWY F165  
LAS VEGAS NV 89123

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: Michael W. Corrado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. CORRADIO 4/17/02 702-719-7319

Date

Daytime Phone #

CR2E034B (12/01)