

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90153 040 ***150.00

0432975 AV

DOCUMENT # P01000059663

1. Entity Name
U.S.A. ENTERTAINMENT, INC.



Principal Place of Business

**701 SE 6 AVE STE 203
DELRAY BEACH FL 33843**

Mailing Address

**701 SE 6 AVE STE 203
DELRAY BEACH FL 33843**

**8404 S.W. 20th St.
North Lauderdale FL 33068**

**8404 S.W. 20th St.
North Lauderdale FL 33068**

2. Principal Place of Business

8404 S.W. 20th St.

3. Mailing Address

8404 S.W. 20th St.

Suite, Apt. #, etc.

North Lauderdale

Suite, Apt. #, etc.

North Lauderdale

City & State

Florida

City & State

Florida

33068

Country

USA

33068

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEIFELD, HENRY

701 SE 6 AVE STE 203

DELRAY BEACH FL 33843

Address change

8404 S.W. 20th St.

North Lauderdale FL

33068

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

SIGNATURE **X Henry Neifeld**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check 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 **D** ☐ Delete
NAME **NEIFELD, HENRY**
STREET ADDRESS **701 SE 6 AVE STE 203**
CITY-ST-ZIP **DELRAY BEACH FL 33843**
**8404 S.W. 20th St.
North Lauderdale
FL 33068**

TITLE **D** ☒ Delete
NAME **ALTERMAN, HOWARD P**
STREET ADDRESS **701 SE 6 AVE STE 203**
CITY-ST-ZIP **DELRAY BEACH FL 33843**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Henry Neifeld**
STREET ADDRESS **8404 S.W. 20th St.**
CITY-ST-ZIP **North Lauderdale FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Henry Neifeld**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 (954) 782-3934

DATE

DAYTIME PHONE #

CR2E034 (10/02)