

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

0254208  
 AV

03-15-2002 90023 028 \*\*\*150.00

**DOCUMENT # P01000060164**  
 1. Entity Name  
**LT ENTERTAINMENT CORP.**

Principal Place of Business  
**400 KINGS POINT DRIVE #321**  
**SUNNY ISLES BEACH FL 33160**

Mailing Address  
**400 KINGS POINT DRIVE #321**  
**SUNNY ISLES BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*400 Kings Point Drive*

3. Mailing Address  
*400 Kings Point Drive*

Suite, Apt. #, etc.  
*# 321*

Suite, Apt. #, etc.  
*# 321*

City & State  
*Sunny Isles Beach, Fl*

City & State  
*Sunny Isles Beach, Fl*

4. FEI Number *65-1119883*

Applied For  
 Not Applicable

Zip *33160* Country *USA*

Zip *33160* Country *USA*

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

6. Name and Address of Current Registered Agent  
**KATSMAN, MARK ESQ**  
**1111 KANE CONCOURSE SUITE 607**  
**BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent  
 Name *KATSMAN MARK*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1111 KANE CONCOURSE SUITE 607*  
 City *Bay Harbor Islands FL* Zip Code *33154*

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPVS<br>KARDASHOV, TARAS<br>400 KINGS POINT DRIVE #321<br>SUNNY ISLES BEACH FL 33160 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KARDASHOV, TARAS<br>400 KINGS POINT DRIVE #321<br>SUNNY ISLES BEACH FL 33160    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPVS<br>KARDASHOV, TARAS<br>400 KINGS POINT DRIVE #321<br>SUNNY ISLES BEACH, FL 33160 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KARDASHOV TARAS<br>400 KINGS POINT DRIVE #321<br>SUNNY ISLES BEACH, FL 33160     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **SIGNATURE REQUIRED** *03.05.02.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)