

2002 UNIFORM BUSINESS REPORT (UBR)

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

0254208
 AV

DOCUMENT # P01000060164

1. Entity Name
LT ENTERTAINMENT CORP.

03-15-2002 90023 028 ***150.00

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
 Suite, Apt. #, etc.
321

3. Mailing Address
400 Kings Point Drive
 Suite, Apt. #, etc.
321

City & State
Sunny Isles Beach, FL

4. FEI Number **65-1119883**
 Applied For
 Not Applicable

Zip **33160** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATSMAN, MARK ESQ
1111 KANE CONCOURSE SUITE 607
BAY HARBOR ISLANDS FL 33154

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	DPVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDASHOV, TARAS	
STREET ADDRESS	400 KINGS POINT DRIVE #321	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDASHOV, TARAS	
STREET ADDRESS	400 KINGS POINT DRIVE #321	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.05.02.
 Date Daytime Phone #

CR2E034 (9/01)