

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90395 033 \*\*\*550.00

0119434 AT

**DOCUMENT # P01000067544**

1. Entity Name  
**CELEBRITY INTERNATIONAL, INC.**



Principal Place of Business  
**100 WEST 33RD ST.  
NEW YORK NY 10001**

Mailing Address  
**100 WEST 33RD ST.  
NEW YORK NY 10001**



2. Principal Place of Business  
**100 WEST 33RD ST.  
Suite, Apt. #, etc.  
SUITE #800  
City & State  
NEW YORK, N.Y.  
Zip  
10001 Country  
USA**

3. Mailing Address  
**100 WEST 33RD ST.  
Suite, Apt. #, etc.  
SUITE #800  
City & State  
NEW YORK, N.Y.  
Zip  
10001 Country  
U.S.A.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **05-0344250** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATALON, MORRIS  
19667 TURNBERRY WAY  
TURNBERRY ISLE  
AVENTURA FL 33180**

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 **MORRIS MATALON** **7/11/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATALON, MORRIS</b>	
STREET ADDRESS	<b>100 WEST 33RD ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATALON, ELI</b>	
STREET ADDRESS	<b>100 WEST 33RD ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATALON, SAMUEL</b>	
STREET ADDRESS	<b>100 WEST 33RD ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATALON, MICHAEL</b>	
STREET ADDRESS	<b>100 WEST 33RD ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10001</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MORRIS MATALON** **7/11/03**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)