

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90416 040 ***150.00

DOCUMENT # P01000084685

1. Entity Name

PALM BEACH ENTERTAINMENT INC

Principal Place of Business

Mailing Address

222 1/2 PIPPS Plaza
 Palm Beach, FL 33480

2. Principal Place of Business
 65 N.E. 2nd Ave, #610

3. Mailing Address
 65 N.E. 2nd Ave, #610

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Delray Beach, FL

City & State
 Delray Beach, FL

4. FEI Number
 65-1133892

Applied For
 Not Applicable

Zip
 33444

Country
 Palm Bch

Zip
 33444

Country
 Palm Bch

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

M. C. Altice
 222 1/2 PIPPS Plaza
 Palm Beach, FL 33480

Name
 M. C. Altice
 Street Address (P.O. Box Number is Not Acceptable)
 65 N. E. 2nd Ave.

City
 Delray Beach FL Zip Code
 33444

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 *MCA*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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, 2001 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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 D
 M. C. ALTICE
 222 1/2 PIPPS PLAZA
 PALM BEACH, FL 33480 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☒ Change ☐ Addition
 630 S. Sapadilla Ave. #217
 West Palm Beach, FL 33401

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
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 CITY - ST - ZIP
☐ Change ☐ Addition

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 CITY - ST - ZIP
☐ Change ☐ 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: *MCA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #

CR2E034 (11/00)