
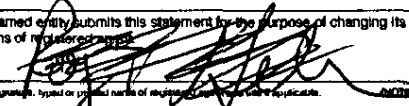
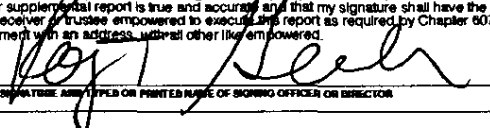


FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90082 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000085903					
1. Entity Name THE TICKET CLUB, INC.					
Principal Place of Business 1474 GRANADA BLVD # 204 STE 440 ORMOND BCH, FL 32174			Mailing Address 1474 GRANADA BLVD # 204 STE 440 ORMOND BCH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3749532				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELBER, ROY T #204 1474 W GRANADA BLVD STE 440 ORMOND BCH, FL 32174			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:  DATE: _____					
FILE NOW WITH FEE IS \$160.00 After May 1, 2003 fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	GEUBER, ROY T				
STREET ADDRESS	#204 1474 W GRANADA BLVD STE 440				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
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		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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					
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, without other like empowered.					
SIGNATURE:  DATE: 3/8 3347416					

90137977



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

Attachment#

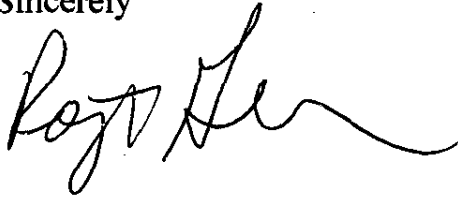
5/28/03

90137977
PO1000085903

Dear DOC:

I have had two major surgeries and the company has done nothing but I was waiting for the form to file and it never came and upon calling this am I was told to download and mail it today with letter of why late. Thank you for your help and I hope to get it going this year. Check is dated when it was written.

Sincerely

A handwritten signature in black ink, appearing to read "Roy L. Lee", with a long horizontal flourish extending to the right.