

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90133 036 ***150.00

DOCUMENT # P02000006733

1. Entity Name
CHURCH STREET COMEDY, INC.



Principal Place of Business
1600 8TH AVE. . STE. C-112
TAMPA FL 33605

Mailing Address
1600 8TH AVE. . STE. C-112
TAMPA FL 33605



2. Principal Place of Business
129 W Church St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, Florida
Zip
32801
Country
ORANGE

City & State
Zip
Country

4. FEI Number
41-2025477

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
106 S. TAMPANIA AVE., STE. 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Todd Leinenbach
Street Address (P.O. Box Number is Not Acceptable)
618 Arbor Lane
City
Tampa
FL
Zip Code
33602

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
LEINENBACH, TODD
1600 8TH AVE. . STE. C-112
TAMPA FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
MARCUS KUTASCH
9630 BENTLEY
WILMINGTON OHIO 44123

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
DEAN GAMBIE
1034 Royal Pass Rd
Tampa FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
SARAH NYE
3291 East Fairlane
CLEVELAND HTS, OHIO 44118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/03

813-864-4000

CR2E034 (10/02)