2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000020715**

A.E. SHULMAN SPECIAL PRODUCTS ENTERTAINMENT, INC

Principal Place of Business % MIRIAM SHULMAN 7550 GLENDEVON LANE DELRAY BEACH FL 33484		Mailing Address % MIRIAM SHULMAN 7550 GLENDEVON LANE DELRAY BEACH FL 33484						
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 🖹	00 04 1002 1		plied For Applicable	
Zip	Country	Zip Co	ountry	5. 0		8.75 Addi	itional	
	6. Name and Address of Current	Registered Agent		7 N	lame and Address of New Registered Ag			
			Name	-, ,				
7550	MAN, MIRIAM GLENDEVON LANE AY BEACH FL 33484		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Code	•	
SIGNATURE _ 9. This corpo	named entity submits this statement for signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	and title if applicable. (NOTE: Regi	istered Agent signature requ EE IS \$150.00 Fee will be \$550.0	ared when re		\$5.0 Added	0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, DEAN 20 FOX HILL LANE SHORT HILLS NJ 07078	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, EDWARD 16004 LANGHONE CT TAMPA FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEPPEL WENDY 52 WARWOICK RD GREAT NECK NY 11023	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRIAM SHULMAN 7550 GLENDEVON LANE DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

hulm SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR alpil 27,2001 2,498/253

May 18, 2001 8:00 am Secretary of State

05-18-2001 90003 024 ***150.00