

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025935

FILED  
May 01, 2004  
Secretary of State

Entity Name: ULTIMATE LIVE SERVICES, INC.

## Current Principal Place of Business:

855 S.W. 78TH AVENUE  
PLANTATION, FL 33324

## New Principal Place of Business:

16728 NE 6 AVENUE  
NMB, FL 33162

## Current Mailing Address:

855 S.W. 78TH AVENUE  
PLANTATION, FL 33324

## New Mailing Address:

16728 NE 6 AVENUE  
NMB, FL 33162

FEI Number: 65-0398998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARDES, MICHAEL  
855 S.W. 78TH AVENUE  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

PARDES, MICHAEL  
16728 NE 6 AVENUE  
NMB, FL 33162 US

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:

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARDES, MICHAEL  
Address: 855 S.W. 78 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: DST ( ) Delete  
Name: MARKOWITZ, HOWARD  
Address: 855 S.W. 78 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: DV ( ) Delete  
Name: LIEBOWITZ, TED  
Address: 855 SW 78TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: BRAFF, NELSON  
Address: 162 E 64TH STREET  
City-St-Zip: NEW YORK, NY 10021

Title: D ( ) Delete  
Name: LIEBOWITZ, SARA  
Address: 162 E 64TH STREET  
City-St-Zip: NEW YORK, NY 10021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD MARKOWITZ

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date