

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90143 032 ***550.00

DOCUMENT # P93000058483

1. Entity Name
ALTON ENTERTAINMENT CORPORATION

Principal Place of Business

**530 LINCOLN RD
 STE 200
 MIAMI BCH FL 33139
 US**

Mailing Address

**530 LINCOLN RD
 STE 200
 MIAMI BCH FL 33139
 US**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**11340 W. Olympic Blvd
 Suite, Apt. #, etc.
 Suite 265**

**9497 S. Dixie Highway
 Suite, Apt. #, etc.
 #550**

City & State
LOS ANGELES, CA

City & State
MIAMI, FL

4. FEI Number
65-0430769

Applied For
 Not Applicable

Zip
90064

Country

Zip

33156

Country

DADE

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

**WALLENSTEIN, LARRY
 530 LINCOLN RD
 STE 200
 MIAMI BCH FL 33139**

Name
SAMUEL R. YOUNG, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
**1001 BRICKELL BAY DRIVE
 SUITE 1710**
 City
MIAMI FL Zip Code
33131

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 **[Signature] SR Young, Esq.** DATE **9-5-01**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 YOUNG, MICHAEL M 530 LINCOLN RD STE 200 MIAMI BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, SAMUEL R JR 774 FERNWOOD ROAD KEY BISCAYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMATTINA, LARRY 1271 AVENUE OF THE AMERICAS, 44TH FLOOR NEW YORK NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11340 W. OLYMPIC BLVD LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 BRICKELL BAY DRIVE, SUITE 1710 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature] PRESIDENT** Date **9/10/01** Daytime Phone # **(310) 312 1005**

CR2E034 (5/01)