

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088134

1. Entity Name

X-ENTERTAINMENT CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90104 019 ***150.00

Principal Place of Business

Mailing Address

630 US HWY 1
 STE 205
 NORTH PALM BEACH FL 33408

630 US HWY 1
 STE 205
 NORTH PALM BEACH FL 33408-4610

2. Principal Place of Business

3. Mailing Address *C/O Prager & Fenton*

292 S. County Rd.

675 Third Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 213

3rd Floor

City & State
Palm Beach FL

City & State
New York NY

Zip
33480

Country
USA

Zip
10017

Country
USA

4. FEI Number **65-0459939**

Applied For
 Not Applicable

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

SLAVIN, MICHAEL A
 4440 PGA BLVD STE 402
 PALM BEACH GARDENS FL 33410

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **PST** ☐ Delete
 NAME **DURR, NICOLE**
 STREET ADDRESS **630 US HWY 1, STE 205**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **PST** ☒ Change ☐ Addition
 NAME **Durr Nicole**
 STREET ADDRESS **675 Third Ave 3rd Floor**
 CITY-ST-ZIP **New York NY 10017**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Bielski Karen**
 STREET ADDRESS **292 S. County Rd Suite 213**
 CITY-ST-ZIP **Palm Beach FL 33480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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

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: *Karen Bielski* **KAREN BIELSKI** *4/28/00* *561-379-7134*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)