# 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P94000042744  1. Entity Name                          |   |   |                       |                         |                   | Secretary of State                                  |                    |                            |  |               |
|--|---|---|-----------------------|-------------------------|-------------------|---|--------------------|----------------------------|--|---------------|
|  | ERTAINMENT PARTNERS, IN   | NC.   |                       | K                       |                   | 07-19-2001 9  |                    |                            |  |               |
| Principal Place<br>ONE LUXITY \$<br>401 SW 27TH<br>MIAMI FL 3313 | QUARE<br>AVENUE   | Mailing Address ONE LUXITY SOUARE 401 SW 27TH AVENUE MIAMI FL 33135 | <i>,</i> .            | <del>(</del> (          |                   |   |                    |                            |  |               |
| 2. Principal Pl<br>On<br>Suite, Apt.<br>401                      |   | 3. Mailing Address  One Unit  Suite, Apt. #, etc.  401 S.W.         | γ Sq<br>-27           | vare                    | <u> </u>          | DO NOT WRI  |                    | PACE                       |  | _             |
| City & State   | 3   | City & State  MI AMI  | =4                    |                         | ±4.               | FEI Number <b>65-055525</b>                         | l                  |                            | olied For<br>Applicable                          | 1             |
| Zip<br>3313  | Country   | Zip<br>33135  | Coun                  | try                     | 5.                | Certificate of Status Desired                       |                    | 88.75 Addit<br>ee Required |  |               |
|  | 6. Name and Address of Current R  | egistered Agent   | <u> </u>              |                         | 7.                | Name and Address of New I                           | Registered A       | gent                       |  | -             |
| FMR COR  |   |   | <u> </u>              | Name<br>Street Addre    | FM-(<br>ess (P.O. | Box Number is Not Acceptable                        | e)                 |                            | <del>*************************************</del> |               |
|  | TY SQUARE   |   |                       | One                     | <u> </u>          | ty Square   |                    |                            |  | $\frac{1}{2}$ |
| MIAMI FL   | 7TH AVENUE<br>33135   |   |                       | 40 [                    | Si                | U 27+4 Ave  | างe<br>FL          | Zip Code                   |  | 1             |
|  |   |   |                       | M                       | (AM               |   |                    | <u> 1331.</u>              | 35   | $\frac{1}{2}$ |
| 8. The above   | named entity ausmits this statement for   | the purpose of changing its   | register              | ed office or reg        | istered a         | igent, or both, in the State of Fi                  | orida.             |                            | _  |               |
| SIGNATURE.   |   |   |                       |                         |                   |   | DATE               | <u> 11 , 2</u>             | 206  | ļ             |
| <del></del>  | <del></del>   |   |                       | d Agent signature red   | drilleo wileri    | Hallstaung).  |                    |                            | <u></u> .  | 1             |
| Tax filing   | oration is angible to satisfy its triangible emission and elects to do so.  | After September 1:<br>Make Check Paya                               | 2, 2001               |                         |                   | 10. Election Campaign Fi<br>Trust Fund Contribution |                    |                            | May Be<br>to Fees                                |               |
| 11.  | OFFICERS AND D  |   | 12.                   |                         |                   | L<br>DDITIONS/CHANGES TO OF                         | FICERS AND         | DIRECTORS                  | IN 11  | ↿.            |
| TITLE  | PSD   | • 🔲 Delete  | TITL                  |                         |                   |   |                    | ☐ Change                   | ☐ Addition                                       |               |
| NAME<br>STREET ADDRESS   | FORMOSO-MURIAS, HECTOR<br>401 S.W. 27TH AVENUE  |   | NAM<br>STR            | EET ADDRESS             |                   |   |                    |                            |  |               |
| CITY-ST-ZIP  | MIAMI FL 33135  | <del>_</del>  | CITY                  | '-ST-ZiP                |                   |   |                    |                            |  | <b>∤</b> ¦    |
| TITLE  |   | ☐ Delete  | TITL<br>NAN           |                         |                   |   |                    | ☐ Change                   | ☐ Addition                                       | 1             |
| STREET ADDRESS   |   |   |                       | EET ADDRESS             |                   |   |                    |                            |  |               |
| CITY-ST-ZIP  |   |   |                       | /-ST-ZIP                | -                 |   |                    | ☐ Change                   | ☐ Addition                                       | 1             |
| _T{TLE<br>Name   |   | Delete.   | TITL<br>NAM           |                         | ئىدانىيە          |   |                    |                            |  | تـ   -        |
| STREET ADDRESS<br>CITY-ST-ZIP                                    | •   |   |                       | EET ADDRESS<br>(-ST-ZIP |                   |   |                    |                            |  |               |
| TITLE  |   | Delete  | TITL                  |                         |                   |   |                    | ☐ Change                   | Addition   | 1             |
| NAME   |   |   | NAM                   | AE<br>EET ADDRESS       |                   |   |                    |                            |  |               |
| STREET ADDRESS<br>CITY-ST-ZIP                                    | ,   |   |                       | -ST-ZIP                 |                   |   |                    |                            |  |               |
| TITLE  |   | ☐ Delete  | TITI                  | l l                     | -                 |   | _                  | Change                     | Addition   |               |
| NAME<br>STREET ADDRESS   |   |   | NAM<br>STR            | AE<br>EET ADDRESS       |                   |   |                    |                            |  |               |
| CITY-ST-ZIP  |   |   | CIT                   | Y-ST-ZIP                |                   |   | _                  |                            |  | 4             |
| TITLE<br>NAME  |   | ☐ Delete  | NAM                   |                         |                   |   |                    | ☐ Change                   | ☐ Addition                                       |               |
| STREET ADDRESS   |   |   |                       | EET ADDRESS             |                   |   |                    |                            |  |               |
| CITY-ST-ZIP  | certify that the information supplied with  | this filing does not qualify for                                    |                       | Y-ST-ZIP                | in Section        | n 119 07/3)(i) Florida Statutes                     | I further cert     | ify that the in            | nformation                                       | +             |
| indicated<br>of the co   | certify that the information supplied with<br>I on this report or supplemental entities<br>reporation or the receiver or trustee emps<br>, or on an attachment with an address, w | true and accurate and that<br>wered to execute this repor           | my signa<br>t as requ | ature shall have        | i the sam         | e legal effect as il mage unge                      | i oatri, triat i a | man onicer                 | or an ecroi                                      |               |
| SIGNAT   | URL.  | 173): 75@ 111   | RED                   | )                       |                   | July  | N, 20              | 0                          |  | 1             |
|  | SIGNATURE AND TYPED OR P  | RINTED NAME OF SIGNING OFFICE                                       | H OR DIREC            | TOR                     |                   | Date  | . 1 a D.           | avtime Phone #             | A7 A   | N             |



July 9, 2001

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find check number #4012 in the amount of \$150.00 for ZFM Entertainment Partners, Inc. 2001 annual fee. Please note that we never received the first notice. We did receive and filed on a timely basis the 2001 UBR's for the following corporations: (1) Zimble Formoso-Murias, P.A. (2) FMR Corp. (3) Fame Entertainment, Inc. (4) Big Game Sports Management, Inc. (5) Georgetown Development Corp. and (6) Formoso-Murias, P.A.

The notices for all of the above-mentioned entities were sent to us at the correct address. However, the address listed for ZFM-Entertainment Partners, Inc. by the Florida Department of State is incorrect. I have included copies of last year's UBR which shows the correct address and the Division of Corporation's listing with the incorrect one. Also, the registered agent's address for ZFM Entertainment Partner's, Inc. is listed incorrectly.

We respectfully request that any penalties be waived based on the aforementioned and our history of timely filing. In the event that you do not waive the penalty, please return the enclosed check to us.

Thank you for your anticipated cooperation in this matter.

Very truly yours.

Eusebio J. Garcia Comptroller



Florida Profit

#### ZFM ENTERTAINMENT PARTNERS, INC.

### PRINCIPAL ADDRESS

ONE LUXITY SQUARE 401 SW 27TH AVENUE **MIAMI FL 33135** 

Changed 05/01/2000

wrong

wrong

MAILING ADDRESS ONE LUXITY SQUARE 401 SW 27TH AVENUE **MIAMI FL 33135** 

Changed 05/01/2000



FEI Number 650555251

> Status **ACTIVE**

**Date Filed** 06/08/1994

**Effective Date** 06/07/1994

## Registered Agent

#### Name & Address

FMR CORP. ONE LUXITY SQUARE 401 SW 27TH AVENUE MIAMI FL 33135

Name Changed: 02/01/1999

Address Changed: 05/01/2000

# Officer/Director Detail

| Name & Address                                 | Title |
|--|-------|
| FORMOSO-MURIAS, HECTOR<br>401 S.W. 27TH AVENUE | PSD   |
| MIAMI FL 33135                                 |       |

## **Annual Reports**

| Report Year | Filed Date | Intangible Tax |  |  |
|-------------|------------|----------------|--|--|
| 1998        | 05/11/1998 | N              |  |  |
| 1999        | 02/01/1999 | N              |  |  |
| 2000        | 05/01/2000 | Y              |  |  |

#### Attachment 10078260 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT.#-P94000042744 4.-Enuty Name ZFM ENTERTAINMENT PARTNERS, INC. Mailing Address Principal Place of Business 401 S.W. 27TH AVENUE 4Q1 S.W. 27TH AVENUE MIAMI FL 33135-2903 MIAMI FL 33135 correct correct 3. Attailing Address Principal Place of Business Jul. w DO NOT WRITE IN THIS SPACE Suite Ant # etc Suite. Apt. #, etc $\varsigma.\underline{\omega}$ ы & State 4. FEI Number Applied For 65-0555251 つつめん Not Applicable Country Country \$8.75 Additional 5. Certificate or Status Desired 7 35 135 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FMR CORP. Box Number's Not Acceptable 401 S.W. 27TH AVENUE MIAMI FL 33135 evenu ÷ City 8. The above named entity submits this states or the purpose of changing its registered office or registered agent, or both, in the State of Florida, heni SIGNATURE appliçable Signatue typed or printed name of registered agent and little (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is aligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** ☐ Delete TITLE TITLE ☐ Change Addition FORMOSO-MURIAS, HECTOR NAME NAME STREET ADDRESS 401 S.W. 27TH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33135** Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE 🗔 Change ☐ Addition TITLE MAME MAME -STREET ADDRESS STREET ADDRESS OITY - \$7 - 21P CITY-ST-ZIP Addition ☐ Delete TITLE 🗀 Onanga TITLE 3347.15 MAME STREET ADDRESS STREET ADDRESS CSTY - STACIP CITY-ST-ZIP ☐ Delete TITLE \_\_ Change Addition 771 = NAME STREET 400RESS STREET ADDRESS 367 - ST - 38 CITY-ST-ZiP Delete TITLE ☐ Addition 3766 Change MAME NAME STREET 400/4501 STREET 400RESS DITY-OF-DR CHTY-ST-ZIP ear with this filing does not qualify for the exemption stated in Section 119.07(3)(a). Fonda Statutes in turner tects, mat the information poor is the and accurate and that my signature shall have the same legal effect as if made under their hard fam an officer or director the group this report as required by Chapter 607. Fibrial Statutes, and that my have appears in Bible 11 or 8lock 12 in 13. Thereby confly that the information start indicated on this report or type-legislital of the corporation of the receiver of trunnangers, or on an attachment with a all other ike

SIGNATURE: