

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046862

1. Entity Name
THE HIT FACTORY CRITERIA, INC.

Principal Place of Business

421 WEST 54TH ST
NY NY 10019
US

Mailing Address

421 WEST 54TH ST
NY NY 10019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0616644

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

BLODIG, GREGORY J
GREENSPOON, MARDER, HIRSCHFELD & RAFKIN, P.A.
100 WEST CYPRESS CREEK RD., SUITE 700
FT LAUDERDALE FL 33309

Name
Krusna, Gary M. Esq
Street Address (P.O. Box Number is Not Acceptable)
400 Corporate Blvd NW
Suite 301 W
City Boca Raton FL Zip Code 33431

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)

9/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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	DST GERMANO, EDWARD 421 WEST 54TH STREET NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GERMANO, JANICE 421 WEST 54TH STREET NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 person or persons 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

212 6641000

Daytime Phone #

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90022 008 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)