FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000063083**

1. Corporation Name

U.S. TICKETS CO., INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90038 010 ***150.00



•										
Principal Place	e of Business	Mailing Address		•						
1670 N.E. 5TH	AVENUE	4670 N.E. 5TH AVENUE							•	
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334			34			DO NOT WE!	TE IN THIS	SPACE		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						08/24/1994				}
									Applied For	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			<u></u>	
4	•	26				65-0518827			Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additiona	'
أ أ	\$ 1 m	27				3. 001110210 01 01			Required	
City & Stat	e	City & State				6. Election Campaign Financing	П		0 May Be	
23	•	28				Trust Fund Contribution .			d to Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes the curr	ent year in	tangible		
¬ '	[25]	29	30			Personal Property Tax.		☐ Yes	[⊮No	
24]	9. Name and Address of Curro					10. Name and Address of New	Registered	Agent		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	et a de la la companya de la company	8	1 1	Name					
TAM	IULYNAS, MICHAEL J		-	٠,	O4 4 A - 1-4	ess (P.O. Box Number is Not Accept	able)	-		-
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11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the abo	ve-n	named corpo	oration submits this statement for the n's board of directors. I hereby acce	pt the appo	intment as	registered	-
	registered agent, or both, in the Statern familiar with, and accept the obli				e corporation	no beard of endeterminating			-	
	•	•								. {
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	TE: Registered Ag	jent si	ignature required	when reinstating)	DATE			
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIREC		
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6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 13 if chapted do on an attechment with an afforces with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

1/10/99 (954492-9407

Change

☐ Addition

Addition