## **FILED** Mar 07, 2000 8:00 am Secretary of State

## 2000 UNIFORM BUSINESS REPORT (UBR)

## DQCUMENT # P94000088954

1. Entity Name

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THE ADMINISTRATIONS OF FESTIVATION						03-07-2000	90108 000 ***	136./3	
Principal Plac	e of Business	Mailing Address							
ເວັ South Park Rd. FL 33021 		300 SOUTH PARK RD. HOLLYWOOD FL 33021-8593 US			11000000				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPACE		
City & State		City & State		4.	FEI Number	65-0545419	/ -	Applied For Not Applicable	
Zip	Country	Zip	Country		Certificate of	Status Desired	\$8.75 A		
	6. Name and Address of Current I	Registered Agent			Name and Ad	dress of New Regi	istered Agent		
COHEN, GERALD M ESQ 300 S. PARK RD 4TH FL				Name  Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33021			City	City FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office	or registered ag	gent, or both,	in the State of Florid	a		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent sig	nature required when r	reinstating)		DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			1	ion Campaign Finan Fund Contribution.		<b>00</b> May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	-Al	EDITIONS/CH	HANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE	DC	Delete ,	TITLE	10 v 6			☐ Change	Addition	
NAME	WATSON, ANTHONY L		NAME			Abenn		}	
STREET ADDRESS	HIP - 7 W 34TH ST	/ ,	STREET ADDRES	1 1-1 16	- 300	5 . Q V	- 62		
CITY-ST-ZIP	NEW YORK NY 10010		CITY-ST-ZIP	1-4-11	Ywo	A FL	<u>33021</u>		
TITLE	DP	Delete	TITLE	100°	·c/~	, me Go	Change بريد ديد	Addition	
NAME	COHEN, STEVEN M		NAME	1418	-70	U 65 1 34	(2) + ( <u>)</u>	2	
STREET ADDRESS	HIP - 300 S. PARK RD		STREET ADDRES	s Ne	~ ys	-K WX	10010		
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TITLE	DVC	_ Delete	TITLE	-			☐ Change	☐ Addition	
NAME	JOHNSTON,		NAME STREET ADDRES	<sub>:e</sub>					
STREET ADDRESS CITY-ST-ZIP	1301 N. HARRISON ST, STE 68		CITY-ST-ZIP						
	PRINCETON NJ 08540-3512		<b></b> -	<del></del>	<del></del>		☐ Change	Addition	
TITLE	S COUEN CEDALD H FOO	☐ Delete	TITLE NAME				спанда	/ Codition	
NAME STREET ADDRESS	COHEN, GERALD M ESQ		STREET ADDRES	is l					
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CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP						
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NAME	1 .	Doloto	NAME						
STREET ADDRESS			STREET ADDRES	is (					

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.

CITY-ST-ZIP

SIGNATURE: