## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P9500053132 1. Entity Name RAZ ENTERTAINMENT 04-21-2000 90174 024 \*\*\*150.00 Principal Place of Business Mailing Address 110 DUDLEY OR 110 DUDLEY DR ROCKLEDGE FL 32955-2405 ROCKLEDGE FL 32955 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3354689 Not Applicable \$8.75 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIPPERER, RANDALL J Street Address (P.O. Box Number is Not Acceptable) 110 DUDLEY DR ROCKLEDGE FL 32955 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE ZIPPERER, ANNE S NAME NAME 110 DUDLEY DR STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE PREMIER, RANDALL J NAME NAME 110 DUDLEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE SZAJKO, RAY NAME NAME 2502 EISENHOWER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH BEND IN 46615 ☐ Delete TITLE Change ☐ Addition TITLE SZAJKO, DAN NAME NAME 12610 LEVIN HALL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUNTERVILLE NC 28078** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

- 4-14-00 321-636-4950

Date Daytime Phone #