

# 2000 UNIFORM BUSINESS REPORT (UBR)

6-15-00

DOCUMENT #

P95000084196 R

1. Entity Name

DITOLLO PRODUCTIONS, INC.

FILED

00 JUN 15 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00064518

Principal Place of Business

Mailing Address

24 NE 24TH AVE  
POMPAU BEACH, FL 33062

2. Principal Place of Business

3. Mailing Address

NEW ADDRESS AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

6/15/00 90005/034 \$158.75

4. FEI Number

59-3344551

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

Name

ANTHONY DITOLLO, III

Street Address (P.O. Box Number is Not Acceptable)

24 NE 24TH AVE

City

POMPAU BEACH

FL

Zip Code

33062

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)

DATE

*[Signature]*

ANTHONY DITOLLO, III

6/9/2000

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

☐ Delete

TITLE

☒ Change

☐ Addition

NAME

DIRECTOR

STREET ADDRESS

ANTHONY DITOLLO, III

CITY-ST-ZIP

24 NE 24TH AVE

CITY-ST-ZIP

POMPAU BEACH, FL 33062

TITLE

☒ Change

☐ Addition

NAME

DIRECTOR

STREET ADDRESS

ROBYN DITOLLO

CITY-ST-ZIP

24 NE 24TH AVE

CITY-ST-ZIP

POMPAU BEACH, FL 33062

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]* ADAM BENJAMIN, CFO

6/9/2000

954-941-3329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

6/16