## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000014728** 1. Entity Name IMPACT ENTERTAINMENT GROUP, INC. Principal Place of Business Mailing Address 1640 W OAK KNOLL CIR 1640 W OAK KNOLL CIR FORT LAUDERDALE FL 33324-6411 FORT LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

COHEN, ROBERT I

of the corporation or the receiver of changed, or on an attachment with

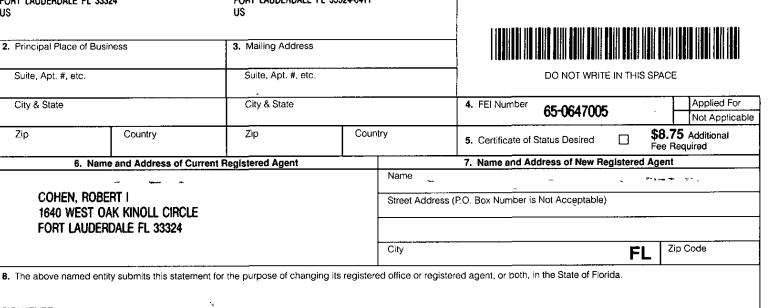
**SIGNATURE:** 

SIGNATURE

1640 WEST OAK KINOLL CIRCLE FORT LAUDERDALE FL 33324

## Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90032 040 \*\*\*150.00



			FEE IS \$150.00 Fee will be \$550.00 to Department of St		Election Campaign Financing     Trust Fund Contribution.	☐ Added	May Be to Fees
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cohen, Robert I 1640 w Oak Knoll Cir Fort Lauderdale Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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13. I hereby certify that the information supplies 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 of trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if							

with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Name

City

(NOTE, Registered Agent signature required when reinstating)