

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**  
 09-08-2000 90003 006 \*\*\*550.00

**DOCUMENT # P96000023546**

1. Entity Name  
**A ACT ENTERTAINMENT INC.**

Principal Place of Business  
**1203 NORTH ANDREWS AVENUE  
 FORT LAUDERDALE FL 33311  
 US**

Mailing Address  
**P.O. BOX 70809  
 FORT LAUDERDALE FL 33309  
 US**

00004143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1203 N. Andrews Ave**

3. Mailing Address  
**P.O. Box 70809**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Fort Lauderdale FL**

City & State  
**Fort Lauderdale FL**

4. FEI Number  
**65-0430522**

Applied For  
☒ Not Applicable

Zip  
**33311**

Country  
**Broward**

Zip  
**33309**

Country  
**Broward**

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

**STANLEY, STEVEN A  
 1203 NORTH ANDREWS AVENUE  
 FORT LAUDERDALE FL 33311**

Name **Steven A Stanley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4000 Wood Side Dr.**  
 City **Coral Springs** FL Zip Code **33065**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/5/00**

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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P STANLEY, STEVEN A 800 W. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

**7/9/00 (954) 467-0499**

CR2E034 (5/00)