

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058891

1. Entity Name

ADC ENTERTAINMENT, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90089 014 \*\*\*158.75

Principal Place of Business

Mailing Address

6216 RALEIGH STREET  
 SUITE 714  
 ORLANDO FL 32835  
 US

P.O. BOX 618121  
 AVENTURA FL 32861-8121  
 US

2. Principal Place of Business

5151 Collins Ave

3. Mailing Address

4045 Sheridan Ave

Suite, Apt. #, etc.

1035

Suite, Apt. #, etc.

PMB #423

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0689418

Applied For

Not Applicable

Zip

33140

Country

U.S.A.

Zip

33140

Country

USA

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

KENNETH M. KALEEL PA  
 555 NO. CONGRESS AVENUE STE 302  
 BOYNTON BEACH FL 33426

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PVST ☐ Delete  
 NAME DAGENAIS, ARMANDE  
 STREET ADDRESS 6215 RALEIGH STREET, #714  
 CITY-ST-ZIP ORLANDO FL 32835

TITLE PVST ☒ Change ☐ Addition  
 NAME DAGENAIS, ARMANDE  
 STREET ADDRESS 5151 COLLINS AVE #1035  
 CITY-ST-ZIP Miami Bch, FL 33140

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)