

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071795

1. Entity Name

CARIZMA ENTERTAINMENT, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90072 034 ***158.75

Principal Place of Business
 330 PAULS DR.
 BRANDON FL 33511
 US

Mailing Address
 10045 ADAMO DR
 711
 TAMPA FL 33619-4433
 US

2. Principal Place of Business
 333 Falkenburg Rd N
 Suite, Apt. #, etc.
 C-306
 City & State
 Tampa, FL
 Zip
 33619
 Country
 Hills.

3. Mailing Address
 333 Falkenburg Rd N
 Suite, Apt. #, etc.
 C-306
 City & State
 Tampa, FL
 Zip
 33619
 Country
 Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3400113
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMETO, PATRICK F
 330 PAULS DR.
 BRANDON FL 33511

7. Name and Address of New Registered Agent

Name Patrick F. Rometo
 Street Address (P.O. Box Number is Not Acceptable)
 333 Falkenburg Rd N.
 Ste. C-306
 City Tampa FL Zip Code 33618

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 Patrick F. Rometo Patrick F. Rometo 4-28-00
 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	PSTD	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMETO, PATRICK F		NAME	Patrick F. Rometo	
STREET ADDRESS	330 PAULS DR.		STREET ADDRESS	1736 Tarah Trace Dr	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	Brandon, FL 33510	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Patrick F. Rometo Patrick F. Rometo 4-28-00 (813) 684-5887
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)