

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90276 024 ***150.00

DOCUMENT # P96000072110 1. Entity Name FRONT ROW U.S.A. ENTERTAINMENT, INC.					
Principal Place of Business 18170 W DIXIE HWY 2ND FLOOR MIAMI FL 33160			Mailing Address 18170 W DIXIE HWY 2ND FLOOR MIAMI FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0711950	
Zip		Country		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	
KRUPNICK, MARSHALL P 4030-C SHERIDAN STREET HOLLYWOOD FL 33021				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BERMAN, JAC		NAME		
STREET ADDRESS	21205 YACHT CLUB DR APT 901		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BERMAN, ALEGRE		NAME		
STREET ADDRESS	21205 YATCH CLUB DR APT 901		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KRUPNICK, BRET		NAME		
STREET ADDRESS	20441 NE 30TH AVE UNIT 222 9		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33180		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brett E Krupnick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/8/04</u> Daytime Phone # <u>305-940-8499</u>		