

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090994

1. Entity Name

COMEDYZINE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90245 027 ***150.00

Principal Place of Business

Mailing Address

841 PINE DR
204
POMPANO BCH FL 33060
US

P.O. BOX 27-3423
BOCA RATON FL 33427-3423
US

2. Principal Place of Business

3. Mailing Address

23314 Country CLUB DRIVE WEST
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33428

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

KOWALL, SCOTT
841 PINE DR #204
POMPANO BEACH FL 33060

Name

KOWALL, SCOTT

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

23314 Country CLUB DRIVE WEST

City

BOCA RATON

FL

Zip Code

33428

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KOWALL, SCOTT W
841 PINE DR, #204
POMPANO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KOWALL, SCOTT W
23314 Country CLUB DRIVE WEST
BOCA RATON, FLORIDA 33428

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT W. KOWALL
PRESIDENT

APR 11 2000

Date

561.482.0031

Daytime Phone #

CR2E034 (9/99)