

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90422 048 ***158.75

DOCUMENT # P96000095754

1. Entity Name
PARADISE CONCERT TOURS, INC.

Principal Place of Business

**4210 L.B. MCLEOD ROAD
 SUITE 106
 ORLANDO FL 32811**

Mailing Address

**4210 L.B. MCLEOD ROAD
 SUITE 106
 ORLANDO FL 32811**

2. Principal Place of Business

4380 36th Street

3. Mailing Address

4380 36th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3420854

Applied For

Not Applicable

Zip

32811

Country

Orange

Zip

32811

Country

Orange

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EPSTEIN, LAWRENCE M
 4210 L.B. MCLEOD ROAD
 SUITE 106
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name **Epstein, Lawrence M.**

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

4380 36th Street

City **Orlando**

FL

Zip Code **32811**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/2002

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, 2002 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

TITLE **PSTD** ☐ Delete
 NAME **EPSTEIN, LAWRENCE M**
 STREET ADDRESS **4210 L.B. MCLEOD ROAD, STE 106**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4380 36th Street**
 CITY-ST-ZIP **Orlando, FL 32811**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2002

Date

407-649-7220

Daytime Phone #

CR2E034 (9/01)