

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025386

1. Entity Name **TOUCH ENTERTAINMENT, INC.**

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90005 047 ***550.00

Principal Place of Business

354 CYPRESS DR
7
TEQUESTA FL 33469

Mailing Address

307 CENTER STREET
JUPITER FL 33458

2. Principal Place of Business

287 E. INDIANTOWN ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-4

City & State

JUPITER, FL

City & State

Zip

Zip

33477

Country

USA

Country

4. FEI Number

65-0751486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARANDA, JOHN P
307 CENTER STREET
JUPITER FL 33458

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **ARANDA, JOHN P**
STREET ADDRESS **307 CENTER STREET**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **S** ☐ Delete
NAME **GLENN EMBLEY**
STREET ADDRESS **1750 TULIPTREE CT**
CITY-ST-ZIP **CUMMING GA 30040**

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **112 MAPLECREST CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **D** ☐ Change ☒ Addition
NAME **W.L. LABOSSIER**
STREET ADDRESS **6001 WHITETAIL LN**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **D** ☐ Change ☒ Addition
NAME **ALBERT CLAY WILLIAMS**
STREET ADDRESS **6246 LESLIE ST.**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **D** ☐ Change ☐ Addition
NAME **FRANK FAZIO**
STREET ADDRESS **1951 BRAWDY WING RD. #9-203**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/30/00

Date

561-745-7800

Daytime Phone #

CR2E034 (5/00)