2000 UNIFORM BUSINESS REPORT (UBR)

4/17/0

FILED
May 18, 2000 8:00 am
Secretary of State
04-17-2000 90013 020 ***150.00

DOCUMENT # P97000026530

1. Entity Name
ANDY BOY ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET, 28TH FLOOR MIAMI FL 33131	C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET, 28TH FLOOR MIAMI FL 33131-2158

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ANDREW LEASE
Street Address (P.O. Box Number is Not Acceptable) 590 MELALEUCA LANE
City MIAMI FL Zip Code 33137

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 ANDREW LEASE, PRESIDENT 4/4/00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST LEASE, ANDREW 590 MELALEUCA LANE MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Andrew Lease 4/4/00 (305)573-4608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

F11000026530

~~[illegible]~~ 403397

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
ANDY BOY ENTERTAINMENT, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Andrew Lease

4a Mailing address (street address) (room, apt., or suite no.)
590 Melaleuca Lane

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Miami, FL 33137

5b City, state, and ZIP code

6 County and state where principal business is located
Dade, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►
Andrew Lease, President SS# - -

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ►
- ☐ Other (specify) ►
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☒ Other corporation (specify) ► Record & Entertainment Co.
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country: N/A

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ► Record & Entertainment Co.
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify) ►
- ☐ Changed type of organization (specify) ►
- ☐ Purchased going business
- ☐ Created a trust (specify) ►
- ☐ Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)
March 21, 1997

11 Closing month of accounting year (See instructions.)
December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ► 5/1/97

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)* ►	Nonagricultural	Agricultural	Household
	1	0	0

14 Principal activity (See instructions.) ► RECORD & ENTERTAINMENT COMPANY

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ N/A
☒ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(305)573-4608

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► ANDREW LEASE, PRESIDENT

Signature ► Andrew Lease Date ► 5/8/00

Note: *Do not write below this line. For official use only.*

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying