

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90496 020 ***150.00

0124688

DOCUMENT # P97000037622

1. Entity Name
FAMOUS PLAYERS, INC.

Principal Place of Business
**2100 EAST ATLANTIC BOULEVARD
 POMPANO BEACH FL 33062**

Mailing Address
**2100 EAST ATLANTIC BOULEVARD
 POMPANO BEACH FL 33062**

A0031681



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2300 E. ATLANTIC Blvd
 Suite, Apt. #, etc.

3. Mailing Address
2300 E. ATLANTIC Blvd
 Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL **POMPANO Beach, FL**

4. FEI Number **65-0745990** Applied For
 Not Applicable

Zip Country Zip Country
33062 **USA** **33062** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**NAGIB, SAAD
 2100 EAST ATLANTIC BOULEVARD
 POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent
 Name **NAGIB SAAD**
 Street Address (P.O. Box Number is Not Acceptable)
2300 E. ATLANTIC Blvd
 City **POMPANO BEACH FL** Zip Code **33062**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGIB, SAAD	NAME	
STREET ADDRESS	2100 EAST ATLANTIC BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	
TITLE	NAGIB SAAD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2300 E. ATLANTIC Blvd	NAME	
STREET ADDRESS	POMPANO BEACH, FL 33062	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)