

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000067204**

1. Entity Name

MYSTERY SOUND & LIGHTING, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90224 045 ***158.75

0259888

Principal Place of Business

3200 S. ANDREWS AVE
#118
FORT LAUDERDALE FL 33316

Mailing Address

3200 S. ANDREWS AVE
#118
FORT LAUDERDALE FL 33316**D0050806**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

322 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

322 S. Federal Hwy
Suite, Apt. #, etc.

City & State

Dania, FL

City & State

Dania, FL

4. FEI Number

65-0776617

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARNE, CRAIG S
3200 S. ANDREWS AVE
STE 118
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Craig S. Charne
Street Address (P.O. Box Number is Not Acceptable)
322 S. Federal Hwy

City

Dania

FL

Zip Code

33004

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

4-20-01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME CHARNE, CRAIG S
STREET ADDRESS 3956 FARRAGUT ST.
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

4-20-01

954-658-7786

CR2E034 (10/00)