2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Nam	MENT # 798000		Tarana di Salata	**				
Peter Fredman Entertainment					Flago			
					00	APR 24 A	M 8:	13
Principal Place of Business Mailing Address					· '			
5151 Collins Avenue Ste. 632.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MIZM	ni Bezeli, T	1 33140					,,	.,,,,,
2. Principal Place of Business 416 N. Duke St. 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State City & State					4. FEI Number 65-08799	142		plied For t Applicable
760Z	Country U.S	Zip	Country		5. Certificate of Status Desired		75 Add Required	
Â	6. Name and Address of Current	Registered Agent		Name , ,	7. Name and Address of New	Registered Agen	<u>t</u>	
	can Information			ttec	to beuschel	, UPA		
l SE	301 Ave. 28 F1	•	1	ارد کا ا	P.O. Box Number is Not Acceptate	ve		
<u> Mizmii</u>	FL 33131				<u> </u>			
				City Mian	ni Shores	FL	Zip Code	138
8. The above	named entity submits this statement for	or the purpose of changing it	registered	office or register	red agent, or both, in the State of	Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and this Consultable (NO)	As Pagistered Ac	gent signature required	d when reinstating)	4/20	100	
-			स्तर्भवाष्ट्रिका हिन्दास्त्रीकाराज्य	发展设度 计电影 化重新调整计算				
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After MAY 1, 2 Make Check Paya	000 Fee wi	II be \$550.00	10. Election Campaign I Trust Fund Contribut			0 May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO O	FICERS AND DIR	ECTORS	3 IN 11
TITLE :	Peter Freedman	Delete	I I)TLE NAME	PD Dc.	Edward S.Free	dra -	Change •	Addition
NAME STREET ADDRESS	I GILLAS AUG DA	e. 763Z	STREET A	DDRESS 414	o N. DUKE St.			
CITY-ST-ZIP	Mani Bezch. FL	33140	CITY-ST	-ZIP Lar	caster, PA 17	402		
TITLE		☐ Delete	TITLE				Change	☐ Addition
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TITLE		□ Delete	TITLE				Change	Addition
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title Name		☐ Delete	TITLE NAME				Change	Addition
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CITY-ST-ZIP	<u> </u>		CITY-ST-	·ZIP		· 	, . <u> </u>	 _
TITLE	F	☐ Delete	TITLE				Change	Addition
NAME	}		NAME	PROTEC				
STREET ADDRESS CITY-ST-ZIP	<i>\</i>		STREET A	ľ				
	certify that the information supplied with	this filing does not qualify for			ection 119 07/3\/i\ Florida Statuto	I further certify th	at the in	formation
indicated	on this report or supplemental report is poration or the receiver or trustee employer or an anattachment with an address	s true and accurate and that.	mv signature	e shall have the s	same legal effect as it made unde	r oath: that I am ar	n oπicer (or director