

# 2000 UNIFORM BUSINESS REPORT (UBR)

0284211

DOCUMENT # P98000029797

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:05

Principal Place of Business      Mailing Address  
1111 NORTHEAST 7TH AVE.      1111 NORTHEAST 7TH AVE.  
SUITE 7000      SUITE 7000  
LAUDERDALE FL 33304      FORT LAUDERDALE FL 33304-2026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**730 N. Andrews Avenue**  
Suite, Apt. #, etc.  
**1000**  
City & State  
**Ft. Lauderdale, FL 33315**  
Zip      Country  
**33316      US**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip      Country

4. FEI Number      **65-1448842**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GENERAL BUSINESS SERVICES, INC.**  
**1111 NORTHEAST 7TH AVE.**  
**SUITE 7000**  
**FORT LAUDERDALE FL 33304**

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

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                     |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>TROCKI, MARK<br/>1111 NORTHEAST 7TH AVE. SUITE 7000<br/>FORT LAUDERDALE FL 33304</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**600003264766--5**  
**-05/24/00--01037--003**  
**\*\*\*\*750.00      \*\*\*\*150.00**

*Handwritten signature/initials*

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 REQUIRED**      3-5-2000      954-524-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

05/14/1999