

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029797

1. Entity Name

LIVE ENTERTAINMENT, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90158 020 \*\*\*158.75

Principal Place of Business

730 N. ANDREWS AVENUE  
1000  
FORT LAUDERDALE FL 33316

Mailing Address

1111 NORTHEAST 7TH AVE  
SUITE 7000  
FORT LAUDERDALE FL 33304-2026

00061830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1827 NE 9TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33304

US

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

7. Name and Address of New Registered Agent

GENERAL BUSINESS SERVICES, INC.  
1111 NORTHEAST 7TH AVE.  
SUITE 7000  
FORT LAUDERDALE FL 33304

Name

CTA Corporate Services

Street Address (P.O. Box Number is Not Acceptable)

730 N. Andrews Avenue

City

Fort Lauderdale,

FL

Zip Code

33311

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

*James Williams R.A.*

Authorized Officer

4/30/2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, W. Santini 3706 N. Ocean Blvd-Suite 140 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, A. Goldstein 3706 N. Ocean Blvd.-Suite 140 Ft Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP M. Laower 3706 N. Ocean Blvd- Suite 140 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, M. Troci 3706 N. Ocean Blvd, S-140, Ft. Laud, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. F.L. Baily, Atty 3706 N. Ocean Blvd.-S-140, Ft Lauderdale Florida 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*James Williams R.A.*

James Williams, Authorized Officer

4/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #