

# 2002 UNIFORM BUSINESS REPORT (UBR)

0305494 AV

**DOCUMENT # P98000029797**

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

**FILED**  
**02 OCT 29 AM 9:47**

Principal Place of Business  
**730 N. ANDREWS AVENUE  
1000  
FORT LAUDERDALE FL 33316**

Mailing Address  
**1227 NE 9TH AVENUE  
FORT LAUDERDALE FL 33304**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business  
**3706 N. OCEAN BLVD  
Suite, Apt. #, etc.  
Suite 140  
City & State  
Fort Lauderdale, FL  
Zip  
33308  
Country  
US**

3. Mailing Address  
**3706 N. OCEAN BLVD  
Suite, Apt. #, etc.  
Suite 140  
City & State  
Fort Lauderdale,  
Zip  
33308  
Country  
US**

DO NOT WRITE IN THIS SPACE

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  
**CTA CORPORATE SERVICES  
730 N ANDREWS AVENUE5  
SUITE 7000  
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent  
Name **MARK LAUER**  
Street Address (P.O. Box Number is Not Acceptable)  
**3706 N. OCEAN BLVD  
Suite 140**  
City **Fort Lauderdale FL** Zip Code **33308**

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 *Mark Lauer* (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, 2002 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	<b>DP SANTINI, W. 3706 N OCEAN BLVD., STE 140 FORT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P. KAREN O'BRIEN 3706 N. OCEAN BLVD- STE 140 FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLDSTEIN, A. 3706 N OCEAN BLVD., STE 140 FORT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP'S MARK LAUER 3706 N. OCEAN BLVD- STE 140 Fort Lauderdale, FL 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP LAOWER, M. 3706 N OCEAN BLVD., STE 140 FORT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100008840631 11/06/02--01126--028 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TROCI, M. 3706 N OCEAN BLVD., STE 140 FORT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAILY, F. L. ATTY 3706 N OCEAN BLVD., STE 140 FORT LAUDERDALE FL 33308</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Mark Lauer* **4-1-02** **954.523-3500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Federal Express Corporation  
Delivery Code 7011  
2935 Southair  
Memphis, TN 38118

U.S. Mail PO Box 727  
Memphis, TN 38194-7011

Telephone 901-369-3303



**DEPT OF STATE /**

Dear Customer:

SUBJECT: Reference #

**835676751 144**

We are forwarding this package from our FedEx Lost and Found/Overgoods Department.  
We were unable to complete delivery of this package for the following reason(s):

- ☐ The airbill/address label became detached during transit.
- ☐ The package was damaged/came open due to improper packing.
- ☐ The package was apparently damaged by conveyor equipment in our sorting facility.
- ☐ The recipient refused to accept delivery.
- ☐ The recipient has moved/gone out of business.
- ☒ Could not deliver as addressed /P.O.Box address/ invalid destination address.
- ☐ Package inadvertently placed in U. S. Postal System.
- ☐ Recipient not in. \_\_\_ delivery attempts made.
- ☐ Contents became separated from original container during transit.
- ☒ Package was mistakenly sent to our Lost and Found Department.
- ☐ Original airbill and Shipper/Recipient information was not available.
- ☐ Other \_\_\_\_\_

Comments:

**FOUND 10/25/02 Resend 1 package  
409 E COLEMAN ST, THUNDERBOLT.**

If it is determined that the contents do not belong to you or you have any questions regarding this matter, feel free to contact me at (901) 369-3303 or Toll free at 1-800-463-3339, Ext. 797-

**5712**

We apologize for any inconvenience this situation may have caused. We appreciate your business and hope that you will continue to allow FedEx to service your air express needs.

Sincerely,

Customer Support  
Overgoods Department