

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000033848**

1. Entity Name

CYBERCAT PRODUCTIONS, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90050 027 ***150.00

Principal Place of Business
1818 S.W. 24TH AVENUE
FORT LAUDERDALE FL 33312Mailing Address
207 NE 2 AVENUE
DANIA FL 33004-4810

2. Principal Place of Business

3. Mailing Address

1818 SW 24th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33312

U.S.A.

4. FEI Number

NOT APPLICABLE

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 2000 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 PSTD ☒ Delete
NAME GALIONE, MARK D
STREET ADDRESS 207 NE 2 AVENUE 1818 SW 24th AVE
CITY-ST-ZIP DANIA FL 33004 FORT LAUDERDALE, FL 33312TITLE VSD ☒ Delete
NAME GALIONE, PARNEY L
STREET ADDRESS 207 NE 2 AVENUE 1818 SW 24th AVE
CITY-ST-ZIP DANIA FL 33004 FT. LAUDERDALE, FL 33312TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME MARK GALIONE
STREET ADDRESS 1818 SW 24th AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312TITLE VSD ☒ Change ☐ Addition
NAME PARNEY GALIONE
STREET ADDRESS 1818 SW 24th AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

01/07/00 954-327-4663