

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90032 045 \*\*\*150.00

**DOCUMENT # P98000039703**

1. Entity Name  
**J.E.M. ENTERTAINMENT, INC.**

Principal Place of Business

Mailing Address

**16813 CAPTIVA DRIVE  
 CAPTIVA FL 33924**

**P.O. BOX 381  
 SANIBEL FL 33957**

**658406**

2. Principal Place of Business

3. Mailing Address

**1201 TAYLOR Lane Ext.**  
 Suite, Apt. #, etc.

**PO Box 901**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Lehigh Acres, Florida**  
 Zip  
**33936**  
 Country  
**Lee**

City & State  
**Sanibel Is, Florida**  
 Zip  
**33957**  
 Country  
**Lee**

4. FEI Number **NOT APPLICABLE**  
**65-1035644**

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

**STERN, JERROLD S  
 605 TARPON BAY ROAD, SUITE 2  
 SANIBEL FL 33957**

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, 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  
**P  
 KAPLAN, MICHELE  
 16813 CAPTIVA DR  
 CAPTIVA FL 33924** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 Isabella Molinari  
 7288 LAKE Dr.  
 Ft Myers, FL. 33908** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP ☐ Delete

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michele Kaplan*

*4/30/01 941 303 2520*

CR2E034 (10/00)