

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90044 042 ***150.00

DOCUMENT# **P98000043052**

1. Entity Name
Showtime for Kids, Inc.

Principal Place of Business Mailing Address
1096 N.W. 98 Terr.
Pembroke Pines, FL 33024

2. Principal Place of Business 3. Mailing Address
1096 N.W. 98th Terr **same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pembroke Pines, FL

Zip Country Zip Country
33024 Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number **0846549**
65-0855467 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

Madelin Marchant
8502 S.W. 8th Street
Miami, FL 33144

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 _____

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
Madelin Marchant
STREET ADDRESS **8502 S.W. 8th Street**
CITY-ST-ZIP **Miami, FL 33144**

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

TITLE NAME ☐ Delete
Ellen R. Gottfried
STREET ADDRESS **1096 N.W. 98th Street**
CITY-ST-ZIP **Pembroke Pines, FL 33024**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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: **Ellen R. Gottfried** **4-1-00 954-432-6920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)