## **FILED** Sep 20, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000064389 09-20-2001 90001 008 \*\*\*150.00 IMC ARTISTS MANAGEMENT, INC. Principal Place of Business Mailing Address 100 PIERCE STREET 51 MACDOUGAL STREET CLEARWATER FL 33756 NEW YORK NY 10012 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3578976 Not Applicable Zip \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change TITLE Delete TITLE NEMIROVSKY, MAKSIM NAME NAME STREET ADDRESS STREET ADDRESS 100 PIERCE STREET - SUITE 309 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Change ☐ Addition ☐ Delete FITLE TITLE MARLBOROUGH, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 100 PIERCE STREET - SUITE 309 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** - Change ---- Addition-TITLE ☐ Deléte THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ☐ Change ☐ Addition Delete TITLE TITLE

13. Thereby certify that the information supplied with this tiling 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 direction of the deception of 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 changed, or on an attachment with an address, with all other the empowered.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED

Delete

4/10/01 (727)446-7500

Change

Addition

51 MacDougal Street A 008 6827 Suite 300

IMC Artists Management, Inc.

E-mail: imcartists@onebox.com

New York, NY 10012 Tel: (800) 353-6494 Fax: (800) 551-9529

**100 Pierce Street** 

Suite 309

Clearwater, FL 33756 Tel: (727) 446-7500 Cel: (727) 492-2374

## Dear Department of State Agent,

I mailed a fully executed UBR form for IMC ARTISTS MANAGEMENT, INC. on April 10, 2001. Enclosed was check #2219 for \$150.00. After receiving another form from you demanding \$550.00, I called my bank and was told that the original check for \$150.00 has never cleared.

I called your office and spoke with Markita about my predicament. She asked me to write this letter of explanation and to enclose another check for the original \$150.00 and a copy of the original UBR that I sent on April 10, 2001.

I am attaching the prescribed materials. Thank you for your attention to this matter.

Sincerely,

Maksim Nemirovsky

President, IMC Artists