

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000081186

1. Entity Name
YBOR COMEDY, INC.



Principal Place of Business

1600 E. 8TH AVE
C112
TAMPA, FL 33605

Mailing Address

1600 E. 8TH AVE
C112
TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3537404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

JOYCE, ROBERT
1611 VALENCIA ST
CLEARWATER, FL 33766

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KUTASH, MITCH
STREET ADDRESS 9830 BEECHTREE
CITY-ST-ZIP BAINBRIDGE, OH 44023

TITLE VPD
NAME LEINENBACH, TODD
STREET ADDRESS 618 ARBOR LAKE LANES
CITY-ST-ZIP TAMPA, FL 33602

TITLE STD
NAME BUDNAR, SARAH
STREET ADDRESS 3291 EAST FAIRFAX
CITY-ST-ZIP CLEVELAND, OH 44119

TITLE VPD
NAME DORFMAN, ANDREW
STREET ADDRESS 8882 SW 57TH
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000419882
02/15/06-80025-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

1/14/06

813-264-7000

Date

Daytime Phone #