

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101008

1. Entity Name

PAPERCHASERS ENTERTAINMENT, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90228 039 ***150.00

Principal Place of Business

Mailing Address

~~C/O KTG&S REGISTERED AGENT CORPORATION~~
~~100 S.E. 2ND ST., 28TH FLOOR~~
~~MIAMI FL 33131~~

~~C/O KTG&S REGISTERED AGENT CORPORATION~~
~~100 S.E. 2ND ST., 28TH FLOOR~~
~~MIAMI FL 33131-2158~~

2. Principal Place of Business

3. Mailing Address

4100 N. POWERLINE Rd
 Suite, Apt. #, etc.
 U5

4100 N. POWERLINE Rd
 Suite, Apt. #, etc.
 U5

City & State
 POMPAHO BEACH

City & State
 POMPAHO BEACH

Zip
 33078 Country
 USA

Zip
 33078 Country

4. FEI Number 65-0885815

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

KTG&S REGISTERED AGENT CORPORATION
 100 S.E. 2ND ST., 28TH FLOOR
 MIAMI FL 33131

Name GREG MARKS

Street Address (P.O. Box Number is Not Acceptable)

10658 WHEELHOUSE CR.

City BOCA RATON FL Zip Code 33428

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 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	DP MARKS, GREG 10658 WHEELHOUSE CIRCLE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SCHEFFER, JAMES 10658 WHEELHOUSE CIRCLE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 file 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 changes empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)