

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90248 014 ***150.00

DOCUMENT # P98000104478

1. Entity Name
PARADIGM ARTIST MANAGEMENT, INC.



Principal Place of Business
6949 TOWN HARBOR BLVD
SUITE 533
DELRAY BEACH, FL 33483

Mailing Address
6949 TOWN HARBOR BLVD
SUITE 533
DELRAY BEACH, FL 33483

11017387

2. Principal Place of Business
2841 N. Ocean Blvd

3. Mailing Address
2841 N. Ocean Blvd

Suite, Apt. #, etc.
Suite 1105

Suite, Apt. #, etc.
Suite 1105

City & State
Ft. Lauderdale, FL

City & State
FL. Lauderdale, FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0885650

Applied For
☐ Not Applicable

Zip
33308

Country
Broward

Zip
33308

Country
Broward

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

6. Name and Address of Current Registered Agent

**MAHER, JOSEPH L CPA
2880 NW 2ND AVE #4
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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. 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 registering)

DATE

**FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS SINITINA, OLGA 6949 TOWN HARBOUR BLVD #633 BOCA RATON, FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Olga Sinitina / 04/17/03 (954)629-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)