

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90181 005 ***150.00

DOCUMENT # P98000108061

1. Entity Name
STARZ PROMOTIONS, INC.

Principal Place of Business

**2015 RESTON ROAD, #2220
 ORLANDO FL 32837**

Mailing Address

**2015 RESTON ROAD, #2220
 ORLANDO FL 32837**

00012646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12409 Bracontree way
 Suite, Apt. #, etc.

3. Mailing Address

12409 Bracontree way
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number **59-3549661**

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FOGEL, KELLY H
 2015 RESTON ROAD, #2220
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **Fogel, Kelly H.**
 Street Address (P.O. Box Number is Not Acceptable)
12409 Bracontree way
 City **Orlando** **FL** Zip Code **32837**

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, 2001 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 **DP** ☐ Delete
 NAME **FOGEL, KELLY H**
 STREET ADDRESS **2015 RESTON ROAD, #2220**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **DV** ☐ Delete
 NAME **FOGEL, ERIC G**
 STREET ADDRESS **2015 RESTON ROAD, #2220**
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Kelly H. Fogel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01
 Date

407-850-1099
 Daytime Phone #

CR2E034 (10/00)