

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90188 028 ***150.00

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DOCUMENT # P99000000985

1. Entity Name
ESP EVENTS, INC.



Principal Place of Business
4040 MATHESON AVE.
COCONUT GROVE FL 33133-6638

Mailing Address
P.O. BOX 330745
MIAMI FL 33233-0745



2. Principal Place of Business
2404 HOLLYWOOD BLVD
Suite, Apt. #, etc.

3. Mailing Address
2404 HOLLYWOOD BLVD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number 65-0884876

Applied For
Not Applicable

Zip 33020 Country USA

Zip 33020 Country USA

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

6. Name and Address of Current Registered Agent

VELIE, CURRIE-HILL
4040 MATHESON AVE.
COCONUT GROVE FL 33133-6638

7. Name and Address of New Registered Agent

Name STEVEN J. GLUECK
Street Address (P.O. Box Number is Not Acceptable)
2404 HOLLYWOOD BLVD
City HOLLYWOOD FL Zip Code 33162

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 DATE 1/29/03

FILE NOW!!! 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	VTD VELIE, JOSEPH J 4040 MATHESON AVE MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VELIE, CURRIE-HILL 4040 MATHESON AVENUE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEESON, SUSAN B 137 ORFORDVILLE ROAD ORFORD NH 03777 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELIE, DIANALEE 15 NO. PEAK VILLAGE RD NEWBURY NH 03255 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH J. VELIE III 1370 ROUTE 103 #15 Newbury, NH 03255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIANALEE VELIE 1370 ROUTE 103, #15 Newbury, NH 03255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHYLLIS ANN CEMMINS 63 Sylvania Knoll Road Stamford, CT 06902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE 1/29/03 DAYTIME PHONE # 603/731-8999

CR2E034 (10/02)