

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006848

1. Entity Name
ENTERTAINMENT TONIGHT, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90136 038 ***150.00

Principal Place of Business

22615 SW 66TH AVE.
#206
BOCA RATON FL 33428

Mailing Address

22615 SW 66TH AVE.
#206
BOCA RATON FL 33428

2. Principal Place of Business

15763 PHILODENDRON CR

Suite, Apt. #, etc.
DELRAY BEACH

City & State
FLORIDA

Zip
33484

Country
PALM BEACH

3. Mailing Address

15763 PHILODENDRON CR

Suite, Apt. #, etc.
DELRAY BEACH

City & State
FLORIDA

Zip
33484

Country
PALM BEACH

6. Name and Address of Current Registered Agent

DENNIS, DEBORAH
22615 SW 66TH AVENUE #206
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
DEBORAH DENNIS
Street Address (P.O. Box Number is Not Acceptable)
15763 PHILODENDRON CR.
DELRAY BEACH
City
FL Zip Code
33484

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 *Deborah Dennis, President* DEBORAH DENNIS 1/15/01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, DEBORAH 207 TROPIC ISLE DRIVE #114 DELRAY BEACH FL 33483	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15763 PHILODENDRON CR. DELRAY BEACH, FL 33484
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Deborah Dennis, President* 1/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)