2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000022517 **DOCUMENT #**



FILED Mar 13, 2003 8:00 am & Secretary of State

1. Entity Name FIVE FLAGS CORPORATION						03-13-2003	90046 002 1	***150.0	00	
Principal Place of Business 3435 NORTH LAKEVIEW DRIVE TAMPA FL 33618			Mailing Address C/O FRANZESE & BALIAN 136 BROADWAY WOODCLIFF LAKE NJ 07677						-	
2. Principal Place of Business			3. Mailing Address				 	I IIOOI OHOI	HAN HAN 1881	
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES				
						4. FEI Number 58-2452305			Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired	□ Fe	8.75 Additional ee Required		
	6. Name a	and Address of Currer		t 1	1	7. Name and Address of New	Registered Age	ent		ļ
MUAC	LIAMOUN			*- "	Name	•				
JALLO, CHAMOUN 32400 U.S., 19 S.					Street Address (P.O. Box Number is Not Acceptable)					
PALM HARBOR FL 34684										
					City		FL	Zip Code	e	
8. The above the obliga	e named entity Itions of registe	submits this statement red agent.	for the purpose of changing it	ts registered	d office or registe	ered agent, or both, in the State of F	lorida. I am farr	iliar with,	and accept	
SIGNATURE	Signature, typed o	r printed name of registered age	ot and title if applicable (NC	TF: Registered	Agent signature require	rd when reinstating)	DATE			
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		FEE IS \$150.00				9. Election Campaign F			0 Мау Ве	
l		Florida Department				Trust Fund Contributi	on.	Added	I to Fees	l
10.	<u>, </u>	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTORS	3 IN 11	_
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CITY-ST-ZIP	JAMESBUR			NAME STREET	ADDRESS				-	۱ ـ
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receby certify mature 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.