

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037977

1. Entity Name

SHOWTIME PRODUCTIONS UNLIMITED, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90091 002 ***150.00

Principal Place of Business

5610 NW 12TH AVE SUITE 211
FORT LAUDERDALE FL 33309

Mailing Address

5610 NW 12TH AVE SUITE 211
FORT LAUDERDALE FL 33309-6608

2. Principal Place of Business

803 SW 14th COURT
Suite, Apt. #, etc.

3. Mailing Address

803 SW 14th COURT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO Bch, FL

City & State

POMPANO Bch FL.

4. FEI Number

65-0913994

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE #37
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name FRANK PAGLIANTI
Street Address (P.O. Box Number is Not Acceptable)
803 SW 14th COURT
POMPANO Bch.
City FL Zip Code 33060

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 Frank Paglianti FRANK PAGLIANTI, PRES 3/14/2000
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, 2000 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	P	<input type="checkbox"/> Delete
NAME	PAGLIANTI, FRANK J	
STREET ADDRESS	5610 NW 12TH AVE SUITE 211	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGLIANTI, FRANK J	
STREET ADDRESS	803 SW 14 th COURT	
CITY-ST-ZIP	POMPANO Bch, FL 33060	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGLIANTI, MICHAEL F	
STREET ADDRESS	803 SW 14 th COURT	
CITY-ST-ZIP	POMPANO Bch, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Frank Paglianti FRANK PAGLIANTI 3/14/2000 783-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD05031 (0/00)