2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P9900062052** 1. Entity Name SHOWEAST, INC. 00 JUN 16 PM 2: 35 SEBREGARY OF STATE. TALGAMASSEE, FLORIDA Principal Place of Business Mailing Address 5116 N.W. 64TH TERRACE 5116 N.W. 64TH TERRACE LAUDERHILL FL 33319-7243 LAUDERHILL FL 33311 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent -CRAWFORD, JOHN R Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET "SUITE 900 JACKSONVILLE FL 32202 Zip Code City FI 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 (NOTE: Registered Agent aignature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete TITLE WRAY, JON C NAME NAME 5116 N.W. 64TH TERRACE STREET ADDRESS STREET ADDRESS LADDERHILL, FL 33319 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33311 ☐ Addition TITLE □ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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: SHAPURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

4/27/00-90018-003-\$150.00-\$150.00

## **NATO**

The National Association of Theatre Owners Florida Chapter 5116 NW 64th Terrace Lauderhill, Florida 33319 (954) 749-0048

June 6, 2000

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Subject: Showeast, Inc. & Showsouth, Inc.

Reference numbers: P99000062052 & P99000069844

I am returning the UBR forms for the 2 above named corporations with the "Not Applicable" box checked for both. Neither corporation has an FEI number as they are both inactive and have no employees or income.

In a discussion with Grace at your office this was her instruction.

Please also waive the fee for being beyond the 30 days allowed in your notice. The second week of May I went into Westchester Hospital in Miami for a minor test and ended up in Intensive Care and stayed in the hospital for over a week and then had to stay in bedrest at home until the end of the month. I discovered both of these communications upon my return to work.

Thank you for your assistance in this matter.

Jon C. Wra President