## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2001 8:00 am DOCUMENT # **P99000070137 Secretary of State** 1. Entity Name LST INTERNATIONAL PRODUCTIONS, INC. 03-22-2001 90020 032 \*\*\*150.00 Principal Place of Business Mailing Address 7310 WESTPOINTE BLVD., STE. 615 7310 WESTPOINTE BLVD., STE, 615 ORLANDO FL 32835 ORLANDO FL" 32835 3. Mailing Address 2. Principal Place of Business 700 5. GASS 5. BA5S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE uite 200 4. FEI Number Applied For 59-3592343 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HABER, LAWRENCE H ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O MORAN & SHAMS, P.A. 111 N. ORANGE AVE., STE. 1200 ORLANDO FL 32801 lissimmee 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. awrence ered 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Addition Delete NAME NAME BERGLUND, LORRI STREET ADDRESS STREET ADDRESS 7680 UNIVERSAL BLVD., STE. 520 CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32819 TITLE Delete TITLE ☐ Change Addition NAME BAKER, STEPHEN NAME STREET ADDRESS STREET ADDRESS 7310 WESTPOINTE BLVD., STE. 615 CITY-ST-ZIP CITY - ST-7IP ORLANDO FL 32835 TITLE 🗶 Delete TITLE ☐ Change Addition NAME WHITE, TERRI NAME STREET ADDRESS STREET ADDRESS 7680 UNIVERSAL BLVD., STE. 520 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32819 TITLE X Addition TITLE Delete Change Lawrence H Haber NAME NAME 700 S. Bass Road Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 34746 Kissimmee Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence H. Haber

3/20/01

407 566 018

Daytime Phone #