

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90003 028 ***150.00

909123

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000081285

1. Entity Name

PARK BENCH PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**22783 S. STATE RD. 7. #103
BOCA RATON FL 33428****22783 S. STATE RD. 7. #103
BOCA RATON FL 33428-5427**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0971824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILL, A. WAYNE ESQ.
2001 WEST SAMPLE RD.,STE.300
POMPAHO BEACH FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D ALFIERI, MARK 22783 S. STATE RD. 7, #53 BOCA RATON FL 33428 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D LEVINE, JACK 22783 S. STATE RD. 7, #53 BOCA RATON FL 33428 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 I 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 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JACK LEVINE, Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/00 581-488