

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081781

1. Entity Name

GREATEST HITS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90178 026 ***158.75

Principal Place of Business

Mailing Address

1000 UNIVERSAL STUDIOS
PLAZA #22
ORLANDO FL 32819

1000 UNIVERSAL STUDIOS
PLAZA #22
ORLANDO FL 32819-7601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1000 UNIVERSAL STUDIOS PLAZA
Suite, Apt. #, etc.
BLDG 22A

1000 UNIVERSAL STUDIOS PLAZA
Suite, Apt. #, etc.
BLDG 22A

City & State

City & State

ORLANDO, FL

ORLANDO, FL

4. FEL Number

59-3608892

Applied For

Not Applicable

Zip

Country

32819

USA

Zip

32819

Country

USA

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

INTERDONATO, TONY
1000 UNIVERSAL STUDIOS
PLAZA #22
ORLANDO FL 32819

(SAME) →
(ADDRESS UPDATE)
ONLY

Name

TONY INTERDONATO

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

7512 DR. PHILLIPS BLVD #50
SUITE 143

City

ORLANDO

FL

Zip Code

32819

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 powers reserved.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00 (407) 224-3151

CR2E034 (9/99)