

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90209 015 ***150.00

0071460

DOCUMENT # P99000081781

1. Entity Name
GREATEST HITS, INC.

Principal Place of Business
1000 UNIVERSAL STUDIOS PLAZA
BLDG #22
ORLANDO FL 32819
US

Mailing Address
1000 UNIVERSAL STUDIOS PLAZA
BLDG #22
ORLANDO FL 32819
US

755356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3608892**

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

INTERDONATO, TONY
7512 DR PHILLIPS BLVD #50
STE 143
ORLANDO FL 32819

CHANGE OF ADDRESS →

Name

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

5201 OVERVIEW COURT

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 **TONY INTERDONATO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01
 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, 2001 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 **CEO** ☐ Delete
 NAME **INTERDONATO, TONY**
 STREET ADDRESS **7512 DR PHILLIPS BLVD #50-143**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **CEO** ☒ Change of Address ☐ Addition
 NAME **TONY INTERDONATO**
 STREET ADDRESS **5201 OVERVIEW COURT**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **P** ☐ Delete
 NAME **KRAMER, DANE**
 STREET ADDRESS **7881 MURCOTT CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **DALE CANNON**
 STREET ADDRESS **519 GEARY COURT**
 CITY-ST-ZIP **ST. CLOUD, FL 34771**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **RUSS PRINE**
 STREET ADDRESS **467 TESS COURT**
 CITY-ST-ZIP **ORLANDO, FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition
 NAME **PHI LONG NGUYEN**
 STREET ADDRESS **7839 JAFFA DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (407) **224-3151**
 Date Daytime Phone #

CR2E034 (10/00)