

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109963

1. Entity Name

ULTRASOUND ENTERTAINMENT, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90074 004 \*\*\*150.00

Principal Place of Business

Mailing Address

4485 S.W. 50TH STREET  
FT LAUDERDALE FL 33314

4485 S.W. 50TH STREET  
FT LAUDERDALE FL 33314

2. Principal Place of Business

3. Mailing Address

403 SW 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

4. FEI Number

65-0975984

Applied For

Not Applicable

Zip

Country

Zip

33315

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

JACOBSON, STEWART ESQ  
950 SO FEDERAL HWY  
HOLLYWOOD FL 33020

Name

ROBERT TOTHY CPA

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

403 SW 8TH ST

City

FT LAUDERDALE

FL

Zip Code

33315

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

Robert H. Tothy, CPA

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

(NOTE: Registered Agent signature required when reinstating)

4/3/00

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 ☐ Delete  
NAME D  
STREET ADDRESS ALVAREZ, HENRY  
CITY-ST-ZIP 4485 S.W. 50TH STREET  
FT LAUDERDALE FL 33314

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCCLURE, TODD  
CITY-ST-ZIP 9135 W. SUNRISE BLVD  
PLANATION FL 33322

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 all other like empowered.

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Signature)* 4/3/00 954-462-8046  
Date Daytime Phone #

CR2E034 (9/99)