

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111161

1. Entity Name

ONE HEART ENTERTAINMENT, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90224 035 \*\*\*150.00

Principal Place of Business

Mailing Address

234 EMORY STREET  
ORLANDO FL 32804

234 EMORY STREET  
ORLANDO FL 32804

2. Principal Place of Business

116 - B Sorange AVE

Suite, Apt. #, etc.

3. Mailing Address

116 - B S Orange AVE

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

56-3620340

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange

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

HABER, LAWRENCE H  
111 N. ORANGE AVENUE  
SUITE 1200  
ORLANDO FL 32801

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 STREET ADDRESS CITY-ST-ZIP	D HILDEBRAND, DEBORAH 234 EMORY STREET ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)