2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am DOCUMENT # S04158 **Secretary of State** 1. Entity Name 02-17-2002 90029 021 ***150.00 SHOW PALACE DINNER THEATRE, INC. Principal Place of Business Mailing Address 16128 U.S. HIGHWAY 19 16128 U.S. HIGHWAY 19 HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3031647 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SESSA, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 16128 U.S. HIGHWAY 19 HUDSON FL 34667 City 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 FILE.NOW!!!_FEE_IS_\$150.00. 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing. \$5.00-May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE ☐ Detete DST NAME SESSA, SALVATORE NAME STREET ADDRESS 16128 U.S. HIGHWAY 19 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 TITLE Delete ☐ Addition DP SESSA, NICHOLAS STREET ADDRESS 16128 U.S. HIGHWAY 19 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SALVATORE SESSA

SIGNATURE:

TURTUP REQUIRED