

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S20393****1. Entity Name**  
**KISS MANAGEMENT, INC.****FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90091 036 \*\*\*150.00

**Principal Place of Business**280 VINE STREET  
KISSIMMEE FL 34741  
US**Mailing Address**13000 PARK BLVD  
SEMINOLE LF 33776  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-3054944**

Applied For

Not Applicable

**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**HAYES, GEORGE L. III  
696 1ST AVENUE NORTH  
SUITE 303  
ST. PETERSBURG FL 33701

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, 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 PD ☐ Delete  
NAME YOUNESS, DANIEL W  
STREET ADDRESS 13000 PARK BLVD  
CITY-ST-ZIP SEMINOLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST ☐ Delete  
NAME YOUNESS, DANIEL W.  
STREET ADDRESS 13000 PARK BLVD  
CITY-ST-ZIP SEMINOLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST ☐ Delete  
NAME YOUNESS, ANGELINE  
STREET ADDRESS 13000 PARK BLVD  
CITY-ST-ZIP SEMINOLE FL 33776TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)