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2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all oth

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE

Apr 01, 2002 8:00 am Secretary of State V22367 DOCUMENT # 1. Entity Name 04-01-2002 90021 026 ***150.00 FORT PIERCE ENTERTAINMENT, INC. Principal Place of Business Mailing Address 2887 BATAN BLVD CIRCLE 2305 S. US HWY 1 FT. PIERCE FL 34982 BOCA RATON FL-33431 US 2. Principal Place of Business Mailing Address 7656 Elmidge Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0318166 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired . ئ 6-Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent AVERBOOK, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) 2887 BANYAN BLVD. CIR. BOCA RATON FL-33431 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 SIGNA Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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 12. ☐ Addition CR2E034 (9/01 TITLE Delete TITLE AVERBOOK, CHARLES J. NAME NAME 2887-BANYAN BLVD-CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP **VPS** ☐ Addition TITLE ☐ Delete TITLE NAME AVERBOOK, DEBORAH G. 7656 Elmadge Orice 1500a Rata, FL 33433 2887 BANYAN BLVD. CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition AVERBOOK, AMY NAME MAME 7656 Elmndge Drive Boca Raten, FL 33433 STREET ADDRESS 2887 BANYAN BLVD CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Channe Addition TITLE TITLE 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 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