

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000006884 ✓

1. Entity Name  
CLASSIC ENTERTAINMENT NC.

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90160 037 \*\*\*150.00

Principal Place of Business Mailing Address  
2237 DOE CROSSING CT. ← SAME  
ORLANDO, FL. 32837

**554164**

2. Principal Place of Business 3. Mailing Address  
SAME AS ABOVE SAME AS ABOVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
59-3628445 Not Applicable  
Zip Country Zip Country 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  
ALLEN ARELLANO Name  
2237 DOE CROSSING CT. N/A  
ORLANDO, FL. 32837 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 Allen Arellano ALLEN ARELLANO PRES. 04-26-01  
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. ☐ **FILE NOW!** **FEE IS \$150.00** 10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
(See criteria on back) **After MAY 1, 2001** **Fee will be \$550.00** Trust Fund Contribution.  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OWNER AND PRESIDENT</u> <input type="checkbox"/> Delete <u>ALLEN ARELLANO</u> <u>2237 DOE CROSSING COURT</u> <u>ORLANDO, FL. 32837</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: Allen Arellano ALLEN ARELLANO 04-26-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)