## 2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Mailing Address 1001 WEST CYPRESS CREEK ROAD #114 FT. LAUDERDALE FL 33309 1947  2. Principal Place of Business Suite, Apt. #, etc.  City & State C		5	H19044			_			president presid	n		
Mailing Address ION WEST CYPRESS CREEK ROAD IN WEST ADDRESS  SURE ADDRESS  A Mailing Address  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  A FEIN Number of Space Spa	G. CIVINS PRODUCTIONS, INC.							, and the second				
1001 WEST CYPRESS CREEK ROAD 1104 1114 1114 1114 1114 1114 1114 111								001	MAR IO PI	1 3: 27		
2. Principal Place of Business 3. Malling Address    Suile, Act. #, etc.    City & State    Ci	•		ND.	_			-	SECRETARY OF STATE				
2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Tip  Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  Fee Required  Streat Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  BECKERMAN, DAVID M 1200 N FEDERAL HWY SUITE 320  BOCA RATON FL 33432  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 Florids.  SIGNATURE  Symbolic Lipids to printed ramp of registering agent and stall a sected.  FLE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  OITY-SI-79  TILL  NAME  SIREM ADDRESS  CITY-SI-79  TILL  NAME  SIREM ADDRESS  CITY-SI	#114			#114				TĂLL	AHASSEE.	FLORID	A	
Suite, Apt. #, etc.  City & State  Suite Additional Desired  BECKERMAN, DAVID M 1200 N FEDERAL HWY SUITE 320  BOCA RATON FL 33432  City  City  FL  Zip Code  City  Street Address (F.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  Street Address (F.O. Box Number is Not Acceptable)  Total Full Suite of Florida.  Street Address (F.O. Box Number is Not Acceptable)  FL  Zip Code  FL  Zip Code  Truet Fund Contribution  Added to Fee Requirement and elects to do so (See criteria on back)  Tutt Fund Contribution  Tutt Fund Contribution  Title  NAME  STREET ADDRESS  CITY-ST-Zip  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-Zip  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-Zip  TITLE  Delete  TITLE	FT. CAUDERDA	FF FF 33308		FI. CAUDERDACE FC 33303	-(34)		Ì	1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 (	RI 12858 28611 80111 818	a alemalan dal	 	
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired   \$8.75 Additional Fee Regulared   \$8.75 Addit	2. Principal P	lace of Business		3. Mailing Address								
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Regulated   \$8.75 A	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE	
6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent - Name  BECKERMAN, DAVID M 1200 N FEDERAL HWY SUITE 320 BOCA RATON FL 33432  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, yield or prised name of registered agent and their 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, yield or prised name of registered agent and their 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, yield or prised name of registered agent and their 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, yield or prised name of registered agent and their normalistic)  DATE  IT IN EXAMPLE Signature, yield or prised name of registered agent, or both, in the State of Florida.  FLE 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 Added to Fee Change Added t	City & State	e		City & State				4. FEI Number	59-243926	66	<b>⊢</b>	plied For t Applicable
BECKERMAN, DAVID M 1200 N FEDERAL HWY SUITE 320 BOCA RATON FL 33432  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. 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, speed or pinted name of registered upent and be if accicable. INOTE: Registered deprisoration registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT IT IT IN IT	Zip	Co	ountry	Zip	ntry	İ	5. Certificate of	f Status Desired				
BECKERMAN, DAVID M 1200 N FEDERAL HWY SUITE 320 BOCA RATON FL 33432  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 prieted name of registered agent and site if applicable. (NOTE: Registered Agent signature required when remetaling)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD CIVINS, GARY I.  1001 WEST CYPRESS CREEK ROAD  FT. LAUDERDALE FL 33309  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  STREET ADDRESS  CITY-ST-ZIP  CHARGE  CITY-ST-ZIP  CHA		6. Name and	Address of Current Re	gistered Agent				7. Name and /	Address of New	Registered	Agent	
1200 N FEDERAL HWY SUITE 320 BOCA RATON FL 33432  City  City  City  FL  Zip Code  City  City  City  City  Signature, yead or printed name of registered agent, or both, in the State of Florida.  City  Signature, yead or printed name of registered agent, or both, in the State of Florida.  City  City  Signature, yead or printed name of registered agent, or both, in the State of Florida.  City  City  Signature, yead or printed name of registered agent, or both, in the State of Florida.  City  City  Signature, yead or printed name of registered agent, or both, in the State of Florida.  City	BEC.	KERMAN DAVIC	n M						* 11 . 4			
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 prised name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating)  Ponts corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE OWNIS, GARY I. 1001 WEST CYPRESS CREEK ROAD STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS  CITY-ST-2IP  TITLE NAME STREET ADDRESS  CITY-ST-2IP  Delete TITLE STREET ADDRESS  CITY-ST-2IP  TITLE STREET ADDRESS  CITY-ST-2IP  TITLE STREET ADDRESS  CITY-ST-2IP  Delete STREET ADDRESS  CITY-ST-2IP  TITLE STREET ADDRESS  CITY-ST-2IP  TITLE STREET ADDRESS  CITY-ST-2IP  TITLE STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  TITLE STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  TITLE STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS	1200	N FEDERAL H				Street Add	dress (P.	O. Box Number	is Not Acceptab	e) 		
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 tate if applicable. (NOTE: Registered Agent signature required when remetating)  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  TILE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  STREET			1432							=	1	
SIGNATURE   Signature, typed or printed name of registered agent and total if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City				FL	Zip Code	<del></del>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  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  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  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. NAME  10. Election Campaign Financing Trust Fund Contribution. Added to Feet Will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. Election Campaign Financing In and Directors In 11  14. OFFICERS AND DIRECTORS IN 11  15. OFFICERS AND DIRECTORS IN 11  16. OFFICERS AND DIRECTORS IN 11  17. OFFICERS AND DIRECTORS IN 11  18. OFFICERS AND DIRECTORS IN 11  19. OFFICERS AND DIRECTORS IN 11  10.	8. The above	named entity sub	mits this statement for th	ne purpose of changing its	register	ed office or re	egistered	d agent, or both	, in the State of F	lorida.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE NAME  STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309  TILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	SIGNATURE .	Signature, typed or prints	ed name of registered agent and	title if applicable. (NOTE	: Registere	ed Agent signature	e required w	hen reinstating)		DATE		
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE PD CIVINS, GARY I.  STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STR	9 This corns	<u> </u>		<del> </del>								•
11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  CIVINS, GARY I.  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS	Tax filing requirement and elects to do so After MAY 1, 2000					will be \$55	0.00	Trus	, -			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11.		OFFICERS AND DI	<u> </u>				I	CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11
STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		1 '	71	☐ Delete							☐ Change	☐ Addition
TITLE				AD	4	1						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		FT. LAUDERD	ALE FL 33309		-1-	<del></del>		00	300 <u>0</u> 2	178	510-	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				∟ Delete				•	*****1	(700—-6 50 00	U************************************	n.nn
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS										00.00		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		<u> </u>		☐ Delete							☐ Change	☐ Addition
CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHange  Add  Change  Change  Add  Change  Change  Add  Change	NAME					1						
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS												
STREET ADDRESS STREET ADDRESS				☐ Delete						_	☐ Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP												
, 5	CITY-ST-ZIP	ļ			-	<del> </del> -				<u>LS</u>		
TITLE Delete TITLE Change Ad				☐ Delete					``		[_] Change	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP						- 1						
						<del></del>			· · · · · · · · · · · · · · · · · · ·	_	☐ Change	☐ Addition
NAME NAME	NAME					·- I						
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP												٠
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat 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 direct of the corporation or the receiver or true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with applications, with all other like empowered.	13. I hereby o	l an thic roport or c	unalamantal rapart is tr	up and accurate and that c	nu ciano	itura chall hat	vo the cs	me loggi attect	as if made linder	r oath that i	am an officer	or airector
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daylurne Phone #		TURE:	Jan.		io i E	Jary (	$\circ$	_ /	Date	954	/ <b>93 P 8</b> ( Daytime Phone #	600 <u> </u>