

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90508 047 ***150.00

DOCUMENT # L14421

1. Entity Name
SOUTH FLORIDA VIDEO PRODUCTIONS, INC.

Principal Place of Business Mailing Address
C/O KRIS MICHAEL LAHAM **C/O KRIS MICHAEL LAHAM**
BOX 630277 **BOX 630277**
MIAMI FL 33163 **MIAMI FL 33163**

C0024204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
C/O KRIS MICHAEL LAHAM **C/O KRIS MICHAEL LAHAM**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1990 N.E. 195 DRIVE **1990 N.E. 195 DRIVE**
 City & State City & State
N. MIAMI BCH FL **N. MIAMI BCH FL**
 Zip Country Zip Country
33179 **USA** **33179** **USA**

4. FEI Number Applied For
65-0157439 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAHAM, KRIS MICHAEL
19100 NE 20TH CT
N MIAMI BCH FL 33179

7. Name and Address of New Registered Agent
 Name
LAHAM, KRIS MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
1990 N.E. 195 DRIVE
 City State Zip Code
N. MIAMI BCH **FL** **33179**

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 *Kris M. Laham* **KRIS M. LAHAM** DATE **2/13/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LAHAM, KRIS MICHAEL	
STREET ADDRESS	19100 NE 20TH CT	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	LAHAM, ANDREA JOY	
STREET ADDRESS	19100 N.E. 20TH COURT	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISKIND, ROBERTA LYNNE	
STREET ADDRESS	1990 NE 195 DR.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1990 N.E. 195 DRIVE	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1990 N.E. 195 DRIVE	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Andrea J Laham* **ANDREA J LAHAM** DATE **2/13/01** DAYTIME PHONE # **305 931 7045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)