

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 014 ***158.75

DOCUMENT # P00000099391

1. Entity Name
HCG.COM PRODUCTIONS, INC.



Principal Place of Business
**11360 NW 37 ST
SUNRISE, FL 33323**

Mailing Address
**11360 NW 37TH ST
SUNRISE, FL 33323**

2. Principal Place of Business

9174 N.W. 25th Street
Suite, Apt. #, etc.

3. Mailing Address

9174 N.W. 25th Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-1052755

Applied For

☐ Not Applicable

Zip

33322

Country

U.S.A.

Zip

33322

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARMONA, GERMAN A
11360 NW 37TH ST
SUNRISE, FL 33323**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9174 N.W. 25th Street

City **Sunrise**

FL

Zip Code **33322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

German A Carmona

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

29-3-03

**THE NOW FILING FEE IS \$150.00
AND MAY 1, 2003 FEE WILL BE \$165.00
Make Check payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARMONA, GERMAN A**
STREET ADDRESS **11360 NW 37TH ST**
CITY-ST-ZIP **SUNRISE, FL 33322 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

German A Carmona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29-3-03

Date

Daytime Phone #

CR2E034 (10/02)