

May. 1. 2002 4:29PM SOBEL, GLACKMAN & SOBEL P.A.

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90430 023 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000047137**

1. Entity Name  
**ONE PRODUCTIONS, LLC**

670778

2. Physical Place of Business  
**1717 NORTH BAYSHORE DR**  
Suite, Apt. #, etc.  
**#3540**  
City & State  
**MIAMI BEACH, FL**  
Zip  
**3313V** Country

3. Mailing Address  
**1717 NORTH BAYSHORE DR**  
Suite, Apt. #, etc.  
**#3540**  
City & State  
**MIAMI BEACH, FL**  
Zip  
**3313V** Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**67-1126404** Applied For  
Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**OSMA, NATHALIE**

Street Address (P.O. Box Number is Not Acceptable)  
**1717 NORTH BAYSHORE DRIVE**  
**#3540**

City  
**MIAMI BEACH** FL Zip Code  
**3313V**

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.

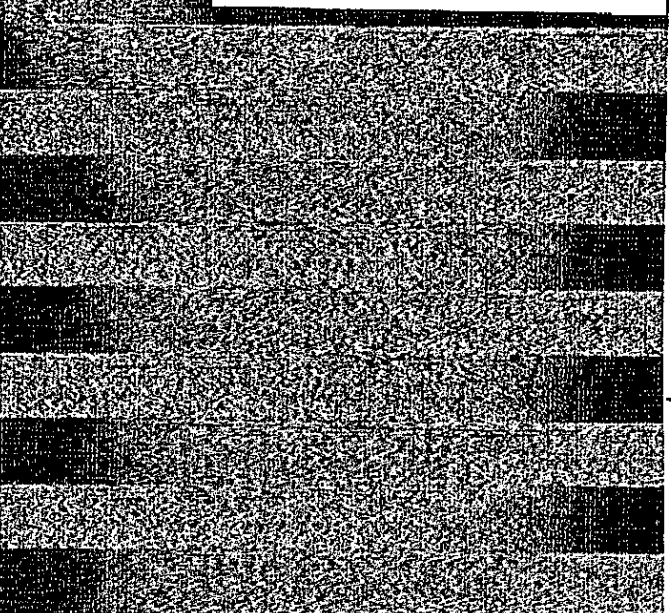
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's initials and name, if applicable) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>OSMA, NATHALIE</b>
STREET ADDRESS <b>1717 NORTH BAYSHORE DRIVE #3540</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 3313V</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing complies exactly with the information required by Section 191.07(1)(b), Florida Statutes. I hereby certify that the information contained on this report or any 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 submit this report as required by Chapter 617, Florida Statutes and that my name appears in Block 11 or on an attachment with an address with which I am empowered.

SIGNATURE: Nathalie Osma MAY 1 2002 3053742822 ext 73540

CR20045 (12/01)