


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90948 014 ***150.00

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

DOCUMENT # P02000051109
 1. Entity Name
 METATRON PRODUCTIONS, CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1705 NE 116TH ROAD Suite, Apt. #, etc. APT. 5		3. Mailing Address 1705 NE 116TH ROAD Suite, Apt. #, etc. APT. 5	
City & State NORTH MIAMI, FL.		City & State NORTH MIAMI, FL.	
Zip 33181	Country U.S.A.	Zip 33181	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0686114		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JULIO CESAR BOLIVAR			
Street Address (P.O. Box Number is Not Acceptable) 1705 NE 116TH ROAD - APT. 5			
City NORTH MIAMI		FL	Zip Code 33181

**DO NOT WRITE
 IN THIS SPACE**

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.

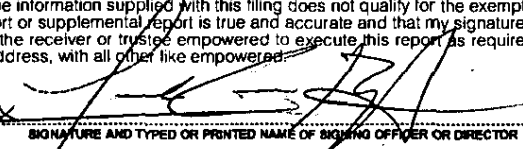
SIGNATURE  JULIO CESAR BOLIVAR DATE 04/08/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JULIO CESAR BOLIVAR - PRESIDENT 1705 NE 116TH ROAD - APT. 5 NORTH MIAMI, FL. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMA BOLIVAR - VICEPRESIDENT 1705 NE 116TH ROAD - APT. 5 NORTH MIAMI, FL. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 04/08/03 DAYTIME PHONE # (305) 981-8660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR200348 (12/02)