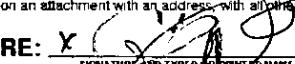


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

80099331

<b>DOCUMENT # P0200080315</b>			
1. Entity Name <b>BLUE SKY PRODUCTIONS, INC.</b>			
Principal Place of Business 3640 SKY PRODUCTIONS, INC. MIAMI, FL 33135		Mailing Address 3640 SKY PRODUCTIONS, INC. MIAMI, FL 33135	
2. Principal Place of Business <b>275 FOUNTAINVIEW</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>BOULEVARD #146</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33172</b> Country		Zip Country	
4. FEI Number <b>41-2081237</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GONZALEZ, JULIO C 3640 SKY PRODUCTIONS, INC. MIAMI, FL 33135</b>		7. Name and Address of New Registered Agent Name <b>GONZALEZ JULIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3640 S.W 45T.</b> City <b>MIAMI</b> FL Zip Code <b>33135</b>	
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  DATE <b>04/25/03</b> <small>(NOTE: Registered Agent's signature required when registering)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GONZALEZ, JULIO C 3640 SKY PRODUCTIONS, INC. MIAMI, FL 33135</b> <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GONZALEZ JULIO C 3640 SW 45T. MIAMI, FL 33135</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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: 		DATE: <b>04/25/03</b> Case: <b>305-229-0440</b>	

CR2E034 (10/02)