

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90157 016 \*\*\*150.00

DOCUMENT # **P98000050334**



1. Entity Name  
**SOUTH MIX PRODUCTIONS, INC.**

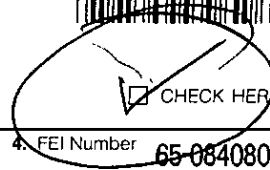
Principal Place of Business  
**6800 S.W. 96TH STREET  
MIAMI FL 33156**

Mailing Address  
**6800 S.W. 96TH STREET  
MIAMI FL 33156**



2. Principal Place of Business  
**11352 SW 132nd Ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**11352 SW 132nd Ct.**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**  
Zip  
**33186**  
Country  
**US**

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**Miami, FL**  
Zip  
**33186**  
Country  
**US**

4. FEI Number **65-0840803** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WECHSLER, MARILYN M  
6800 S.W. 96TH STREET  
MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

Name **Solomon A. Wechsler**  
Street Address (P.O. Box Number is Not Accepted)  
**11352 SW 132nd Ct.**  
City **Miami** FL **33186**

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

(NOTE: Registered Agent signature required when reinstating)

**3-20-2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	<b>WECHSLER, SOLOMON A</b>	<b>6800 SW 96 ST</b>	<b>MIAMI FL 33156</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	<b>Wechsler, Solomon A</b>	<b>11352 SW 132nd Ct.</b>	<b>Miami FL 33186</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Solomon A. Wechsler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/03 (305) 525-8237**  
Date Daytime Phone #

CR2E034 (10/02)