

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

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90091 024 \*\*\*150.00

DOCUMENT # **P99000074899**  
1. Entity Name  
**MASSI PRODUCTIONS, INC.**  
**Brain Lab Inc.**



Principal Place of Business  
**2424 N FEDERAL HWY  
SUITE 151  
BOCA RATON FL 33431**

Mailing Address  
**2424 N FEDERAL HWY  
SUITE 151  
BOCA RATON FL 33431**



2. Principal Place of Business  
**124 Boca Raton Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**124 Boca Raton Road**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33432** Country  
**USA**

Zip  
**33432** Country  
**USA**

4. FEI Number  
**65-0952239**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DEBIASE, MASSIMILIANO  
2424 N FEDERAL HWY  
SUITE 151  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**124 Boca Raton Road**  
City  
**Boca Raton FL** Zip Code  
**33432**

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

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

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DEBIASE, MASSIMILIANO	50 PALOMA AVE	BOCA RATON FL 33486	<input type="checkbox"/>
D	DEBIASE, GILBERTO	50 PALOMA AVE	BOCA RATON FL 33486	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/24/03** Daytime Phone #

CR2E034 (10/02)