

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90107 046 \*\*\*150.00

0601424

**DOCUMENT # F00000004299**

1. Entity Name

**LIBERATOR PRODUCTIONS, INC.**

Principal Place of Business

P.O. BOX 690268  
 TULSA OK 74169

Mailing Address

P.O. BOX 690268  
 TULSA OK 74169

2. Principal Place of Business

**1930 Bay Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 691438**  
 Suite, Apt. #, etc.

City & State

**Miami Beach FL**

City & State

**Tulsa OK**

4. FEI Number

**73-1589327**

Applied For

Not Applicable

Zip

**33139**

Country

**USA**

Zip

**74169**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TILTON, ROBERT G	
STREET ADDRESS	1521 ALTON ROAD, PMB 371	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOROSO, DAN	
STREET ADDRESS	1521 ALTON ROAD, PMB 371	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, BARBARA	
STREET ADDRESS	2009 SOUTH 89TH EAST AVENUE	
CITY-ST-ZIP	TULSA OK 74129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Miller	
STREET ADDRESS	9100 N Garnett, Ste K	
CITY-ST-ZIP	Owasso, OK 74065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Barbara Miller**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/4/01**

Daytime Phone #

**918 280-9623**

CR2E034 (10/00)