2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90297 024 ***150.00

0537246 AV

DOCUMENT # P01000068370

1. Entity Name
2 B PRODUCTIONS INC.

Principal Place of Business	Mailing Address
PMB 276 2430 VANDERBILT BCH RD 108 NAPLES FL 34109	PMB 276 2430 VANDERBILT BCH RD 108 NAPLES FL 34109

2. Principal Place of Business	3. Mailing Address
PMB 276	PMB 276
Suite, Apt. #, etc. 2430 Vanderbilt Bch Rd. 108	Suite, Apt. #, etc. 2430 Vanderbilt Bch Rd 108
City & State Naples Fl.	City & State Naples FL.
Zip / Country 34109 / USA	Zip / Country 34109 / USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1123899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, BARRY
16520 S TAMIAMI TRAIL, STE 18-276
FT MYERS FL 33908

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. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEWMAN, BARRY 3215 LA COSTA CIR 104 NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWMAN, MICHELE 3215 LA COSTA CIR 104 NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 4-24-03 239-822-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #