2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # P970000335 1. Entity Name BLACKEYE PRODUCTIONS, INC.			05-05-2003 90	0112 016 ***150.00
Principal Place of Business 1141 71ST STREET MIAMI BEACH, FL 33141	Mailing Address 1141 71ST STREET MIAMI BEACH, FL 33141			
2. Principal Place of Business 3133 NE 123 - 5-1 Suite, Apt. \$, etc.	3. Mailing Address 2133 NE /235 Suite, Apt. #, etc.	d Street	CHECK HERE IF MAK	
North Miami, FL	City & State North Migni, F	<u> </u>	4. FEI Number 65-0747027	Applied For Not Applicable
Zip Country 33181	2ip 33/Fl	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name 6	7. Name and Address of New Registe	red Agent
WILLIG, RAY 1141 71ST ST MIAMI BCH, FL 33141		Kay	(P.O. Box Number Is Not Acceptable)	
			1 /11//////	FL Zip Code 3/
The above named entity submits this statement for the obligations of registered agent.	, , , , , , , , , , , , , , , , , , , ,			,
SIGNATURE Signature, hybrid or primed name of registered agents	Rocy 5- William (NOTE Po	Grif Well Assemblished William	d when reinstational D	29-03
FILE NOWIH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.	
10. OFFICERS AND		TILE PD	ADDITIONS/CHANGES TO OFFICERS	
NAME WILLIG, RAY STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141	□ Delete	NAME Ray	willia st. 1235 st. 4 Miami, FC 3318/	☐ Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	☐ Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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, that all other like empowered.				
SIGNATURE: Ray 5. Willia Pros. 4-27-83 305-772-3657 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAMA CONSISTENCE PRODUCE PRODUC				