

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 620593

1. Entity Name

A A MOVIE PRODUCTION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 11:19

Principal Place of Business: 1510 NE 130 ST. N. MIAMI, FL 33161 US
Mailing Address: 4719 VAN BUREN ST. HOLLYWOOD FL 33021

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1964933
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTON KOLOVRAT
1510 NE 130 ST.
N. MIAMI FL 33161

Name: _____
Street Address (P.O. Box Number is Not Acceptable): 400004342524--4
City: _____
FL Zip Code: 33161

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|-------------------|--|---------------|
| TITLE: <input type="checkbox"/> Delete | ANTON KOLOVRAT | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | 101.25 AR |
| NAME: _____ | 1510 NE 130 ST. | NAME: _____ | 10.00- ARAKS |
| STREET ADDRESS: _____ | N. MIAMI FL 33161 | STREET ADDRESS: _____ | 88.75- ARSUPP |
| CITY-ST-ZIP: _____ | | CITY-ST-ZIP: _____ | 400.00- GRA |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | NAME: _____ | |
| STREET ADDRESS: _____ | | STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | CITY-ST-ZIP: _____ | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | NAME: _____ | |
| STREET ADDRESS: _____ | | STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | CITY-ST-ZIP: _____ | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: _____ | | NAME: _____ | |
| STREET ADDRESS: _____ | | STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | CITY-ST-ZIP: _____ | |

JB5/31

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: ANTON KOLOVRAT DATE: MAY 10, 2001 DAYTIME PHONE #: 305 895-8206