

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

MADE IN FLORIDA

**DOCUMENT # 620593**

1. Entity Name  
**A A MOVIE PRODUCTION, INC.**

04-29-2002 90160 030 \*\*\*150.00

Principal Place of Business  
**1510 NE 130TH ST**  
**NORTH MIAMI FL 33161**  
**US**

Mailing Address  
**4719 VAN BUREN ST**  
**HOLLYWOOD FL 33021**



2. Principal Place of Business  
**4719 VAN BUREN ST.**

3. Mailing Address  
**4719 VAN BUREN ST.**

Suite, Apt. #, etc.  
**Hollywood FL**

Suite, Apt. #, etc.  
**Hollywood FL.**

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  
**KOLOVRAT, ANTON**  
**1510 NE 130TH ST**  
**NORTH MIAMI FL 33161**

7. Name and Address of New Registered Agent  
 Name **ANTON KOLOVRAT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4719 VAN BUREN ST.**  
 City **Hollywood** State **FL** Zip Code **33021**

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KOLOVRAT, ANTON</b> <b>1510 NE 130TH STREET</b> <b>NORTH MIAMI FL 33161</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **4.15.2002 954 981 0438**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)