

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90218 031 ****61.25

DOCUMENT # 749701

1. Entity Name

TIGERTAIL PRODUCTIONS, INC.

Principal Place of Business

**842 NORTHWEST 9TH COURT
 MIAMI FL 33136**

Mailing Address

**842 NORTHWEST 9TH COURT
 MIAMI FL 33136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1968705

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

**KRAMEL, JOHN
 900 NW 7TH STREET ROAD
 MIAMI FL 33136**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D LUFT, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	842 NW 9TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D CHESTLER, JUDITH	<input type="checkbox"/> Delete
STREET ADDRESS	1260 99TH STREET	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE NAME	D AMBROSINO, GENARO	<input type="checkbox"/> Delete
STREET ADDRESS	3095 SW 39TH AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE NAME	DS PICKETT, GIORGINA	<input type="checkbox"/> Delete
STREET ADDRESS	300 NE SECOND AVENUE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE NAME	D WILLIAMSON, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	4109 WOODRIDGE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	DT KRAMEL, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	900 NW 7TH STREET ROAD	
CITY-ST-ZIP	MIAMI FL 33136	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *S. Luft*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 305 3244337
 Date Daytime Phone #

CR2E037 (10/00)