	2 UNIFORM BUS	INESS REPO	RT	(UBR) F	eb 25, 20	ED 02 8:	:00 a	m
1. Entity Nar	MENT # 749701	مسيء		/	10	Secretar	•		
j -	AIL PRODUCTIONS, INC.	•	•	•		01-15-2002 901	05 018 ***	**61.25	
Principal Place of Business Malling Address									
842 NORTHWEST 9TH COURT MIAMS FL 33136		842 NORTHWEST 9TH COURT MIAMI FL 33136				2. 存 至 其. 互			
2. Principal Place of Business		3. Mailing Address				-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 59-1968705 Applied For Not Applicable				
Zip	Country	Zip Co		5. Certificate of Statu		Status Desired	us Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Ad	kireas of New Registered	Agent		7
The state of the s				Name					
KRAMEL, 900 NW 7	John Th Street Road			Street Add	ress (P.O. Box Number i	Not Acceptable)			-
MIAMI FL	33136			City		F1	Zip Cod	e	1
SIGNATURE	Signature, hyped or printed name of registered agent a		Registered Paign F	d Agent signature	required when reinstating)	DATE Make Chec	ck Payable		
									_}
	OFFICERS AND DIA LUFT, MARY 842 NW 9TH CT MIAMI FL	ECTORS Delete			ADDITIONS/CHAN	GES TO OFFICERS AND D	Change	Addition	E037 (9/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTLER, JUDITH 1260 99TH STREET MIAMI FL 33154	☐ Oeleta					☐ Change	Addition	8
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	AMBROSINO, GENARO 3095 SW 39TH AVE.	□ Delete	NAME Stree	T ADDRESS SI-ZIP	D Lois Hoff 13325 SW Miami, FL	95th Avenue	☐ Change	⊠ Addilion	
TITLE NAME	MIAMI FL 33136 DS PICKETT, GIORGINA 300 NE SECOND AVENUE MIAMI FL 33132	☐ Delete	TITLE NAME STREE		DS Pickett,	Georgina cond Avenue	Change	☐ Addition	
	D WILLIAMSON, BRENDA 4109 WOODRIDGE MIAMI FL	C] Celete		l l		·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KRAMEL, JOHN 900 NW 7TH STREET ROAD MIAMI FL 33136 certify that the information supplied with	Delete	CITY-	T ADORESS ST-ZIP	in Section 119.07/31/IV	lorida Statutes. I further ce	Change	Addition	

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 of trustee empowered to execute this report as required by Chapter 617, Floride 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:

BEQUIMED LUFT AME OF SIGNING OFFICER OR DIRECTOR

1/8/02 Date

305 324 4337

Daytime Phone #

Tigethois Productions

2/14/02

Enclosed is the corrector report. I (for director) has been put or the +:+/e line above Lois Hoffman.

The other change done was a spelleng change of the name Georgina.

Many Light