

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001619

1. Entity Name

TOO BEST FILMS LIMITED

Principal Place of Business

P.O. BOX 621027
OVIEDO FL 32762

Mailing Address

P.O. BOX 621027
OVIEDO FL 32762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3315408

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEST, DOROTHY C
433 PINE HILL BLVD
GENEVA FL 32732

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.

DATE

9. Capital Contributions
as Shown on record.

\$90,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

10,000.00
90,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT #	J97061	STREET ADDRESS	
NAME	JAMES BEST ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	433 PINE HILL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL 32732	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOROTHY C. BEST 4/27/02 4073480426

FILED

02 MAY - 1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

CR2E003 (9/01)