

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90107 046 \*\*\*150.00

0601424

**DOCUMENT # F00000004299**

1. Entity Name

**LIBERATOR PRODUCTIONS, INC.**

Principal Place of Business

P.O. BOX 690268  
 TULSA OK 74169

Mailing Address

P.O. BOX 690268  
 TULSA OK 74169

2. Principal Place of Business

**1930 Bay Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 691438**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Miami Beach FL**

City & State

**Tulsa OK**

4. FEI Number

**73-1589327**

Applied For

Not Applicable

Zip

**33139**

Country

**USA**

Zip

**74169**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

*Barbara Miller*

Signature, typed or printed name of registered agent and title if applicable.

(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. (See criteria on back) ☒

**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

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> Delete |
| NAME           | TILTON, ROBERT G            |                                 |
| STREET ADDRESS | 1521 ALTON ROAD, PMB 371    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33139              |                                 |
| TITLE          | V                           | <input type="checkbox"/> Delete |
| NAME           | MOROSO, DAN                 |                                 |
| STREET ADDRESS | 1521 ALTON ROAD, PMB 371    |                                 |
| CITY-ST-ZIP    | MIAMI FL 33139              |                                 |
| TITLE          | ST                          | <input type="checkbox"/> Delete |
| NAME           | MILLER, BARBARA             |                                 |
| STREET ADDRESS | 2009 SOUTH 89TH EAST AVENUE |                                 |
| CITY-ST-ZIP    | TULSA OK 74129              |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          | ST                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Barbara Miller        |                                                                              |
| STREET ADDRESS | 9100 N Garnett, Ste K |                                                                              |
| CITY-ST-ZIP    | Owasso, OK 74065      |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |

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:

*Barbara Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA Miller**

Date

**4/4/01**

Daytime Phone #

**918 280-9623**

CR2E034 (10/00)