

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90027 024 ***150.00

DOCUMENT # F94000001081

1. Entity Name
HIPNOTIC PRODUCTIONS, INC.

Principal Place of Business 2700 W OAKLAND PARK BLVD 233 FT LAUDERDALE FL 33309 US	Mailing Address P.O. BOX 101144 FT LAUDERDALE FL 33310-1144 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 289 NW 92 STREET Suite, Apt. #, etc.	3. Mailing Address 289 NW 92 STREET Suite, Apt. #, etc.
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City & State MIAMI SHORES, FL	City & State MIAMI SHORES, FL
Zip 33150	Country DADE

4. FEI Number 58-2094488	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MUCCI, MICHAEL T
 2700 W OAKLAND PARK BLVD
 SUITE #23B
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent
 Name: **MUCCI, MICHAEL T**
 Street Address (P.O. Box Number is Not Acceptable): **289 NW 92 STREET**
 City: **MIAMI SHORES** FL Zip Code: **33150**

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: **MICHAEL T. MUCCI** DATE: **4-12-2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUCCI, MICHAEL T		NAME		
STREET ADDRESS	2720 S OAKLAND FOREST DR, #901		STREET ADDRESS	289 NW 92 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		CITY-ST-ZIP	MIAMI SHORES FL 33150	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **MICHAEL T. MUCCI** DATE: **4-12-2000** DAYTIME PHONE #: **305-757-8823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)