

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90149 035 \*\*\*150.00

0291489 AV

**DOCUMENT # F94000001081**

1. Entity Name  
**HIPNOTIC PRODUCTIONS, INC.**



Principal Place of Business  
**2644 NW 97 AVE**  
**MIAMI FL 33172**  
**US**

Mailing Address  
**2644 NW 97 AVE**  
**MIAMI FL 33172**  
**US**



2. Principal Place of Business  
**7570 NW 186 ST**  
Suite, Apt. #, etc.  
**204**

3. Mailing Address  
**7570 NW 186 ST**  
Suite, Apt. #, etc.  
**204**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**  
Zip  
**33015**  
Country  
**DADE**

City & State  
**MIAMI FL**  
Zip  
**33015**  
Country  
**DADE**

4. FEI Number **58-2094488**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUCCI, MICHAEL T**  
**2644 NW 97 AVE**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name  
**MUCCI, MICHAEL T**  
Street Address (P.O. Box Number is Not Acceptable)  
**7570 NW 186 ST. # 204**  
City  
**MIAMI FL** Zip Code  
**33015**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

**4-28-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MUCCI, MICHAEL T</b> <b>2644 NW 97 AVE</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MUCCI, MICHAEL T</b> <b>7570 NW 186 ST # 204</b> <b>MIAMI FL 33015</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

Date

**305-231-4109**

Daytime Phone #

CR2E034 (10/02)