

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000005311**

1. Entity Name

**NIGHTWATER PRODUCTIONS, INC.****FILED****May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90240 045 \*\*\*150.00

Principal Place of Business

Mailing Address

525 BROADWAY #250  
SANTA MONICA CA 90401525 BROADWAY #250  
SANTA MONICA CA 90401-2419

2. Principal Place of Business

3. Mailing Address

7911 Salem Lane  
Suite, Apt. #, etc.  
Parkland FL

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

95-4130692

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MILLER, WALTER T JR  
7911 SALEM LN  
PARKLAND FL 33067

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

(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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DCPT	MILLER, WALTER T JR		
7911 SALEM LN			
PARKLAND FL 33067			
S	MILLER, JOYCE		
7911 SALEM LN			
PARKLAND FL 33067			

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29/00 954-796-3247