

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006200

1. Entity Name

PRESSURE DROP PRODUCTIONS, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-27-2001 90006 016 ***150.00

Principal Place of Business

% UK & W ADVISORS, INC.
11661 SAN VICENTE BLVD., STE. 615
LOS ANGELES CA 90049

Mailing Address

% UK & W ADVISORS, INC.
11661 SAN VICENTE BLVD., STE. 615
LOS ANGELES CA 90049

2. Principal Place of Business

3547 Richmond Street

3. Mailing Address

c/o Urbach Kahn Werlin
11661 San Vicente Blvd.
Suite 600

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Los Angeles, CA

4. FEI Number

95-4132081

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PFARRER, CHARLES P III
3547 RICHMOND ST.
JACKSONVILLE FL 32205

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

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 CP
NAME PFARRER, CHARLES P III
STREET ADDRESS 3547 RICHMOND ST.
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x Charles Pfarrer

Date

(310) 826-0855

(310) 826-0855

CR2E034 (10/00)

PLEASE