

2000 UNIFORM BUSINESS REPORT (UBR)

05-18-2001 91558 032 ***150.00

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DOCUMENT # F99000004665

SECRETARY OF STATE
DIVISION OF CORPORATION

01 JUL 23 AM 8:40

1. Entity Name

GREEN MONKEY PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

96 N.E. 2ND AVENUE
DELRAY BEACH FL 33444

96 N.E. 2ND AVENUE
DELRAY BEACH FL 33444-3702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0921238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BATCHA, JACQUELINE
HUGH JORDAN'S
96 N.E. 2ND AVE.
DELRAY BEACH FL 33444**

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

Doreen Tustin, Green Monkey Productions, Inc., Registered Agent
Signature typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/8/01
6/14/01
DATE

9. This corporation is eligible to satisfy the 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

TITLE: PS
NAME: BATCHA, JACQUELINE
STREET ADDRESS: 741 N.W. 10TH COURT
CITY-ST-ZIP: BOYNTON BEACH FL 33426
 Delete

TITLE: REINSTATEMENT
NAME: 00-01
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE: VT
NAME: TUSTIN, DOREEN
STREET ADDRESS: 3919 GREEN FOREST DRIVE
CITY-ST-ZIP: BOYNTON BEACH FL 33436
 Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
 Change Addition

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:

Signature typed or printed name of signing officer or director

4/23/01 561 628 3199
Date Daytime Phone #

Made numerous attempts to file online - error message "INVALID ACCESS CODE"

CR2E034 (9/99)