

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005962

1. Entity Name

Perro Productions, Inc.

Principal Place of Business

2290 W. 8 Avenue
Hialeah, Florida 33010

Mailing Address

2290 W. 8 Avenue
Hialeah, Florida 33010

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4764431

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL. 32301

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

Laura R. Dunlap

**Laura R. Dunlap
as its agent**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

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

TITLE PCD
NAME Alan Sokol
STREET ADDRESS 2424 Olympic Blvd., Suite 4050 West
CITY - ST - ZIP Santa Monica, CA 90404



TITLE SD
NAME Cary Meadow
STREET ADDRESS 2424 Olympic Blvd., Suite 4050 West
CITY - ST - ZIP Santa Monica, CA 90404



TITLE TD
NAME John Needham
STREET ADDRESS 2424 Olympic Blvd., Suite 4050 West
CITY - ST - ZIP Santa Monica, CA 90404



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

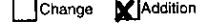


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

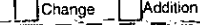
TITLE PCD
NAME Alan Sokol
STREET ADDRESS 2290 W. 8 Avenue
CITY - ST - ZIP Hialeah, FL. 33010



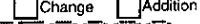
TITLE SD
NAME Lou Mont
STREET ADDRESS 2290 W. 8 Avenue
CITY - ST - ZIP Hialeah, FL. 33010



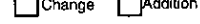
TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Sokol

11/08/00

Date

305-882-8700

Daytime Phone #

KE

FILED

01 JAN 12 PM 4:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2000-01

CR2E034 (9/99)