

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 14 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *H39107*  
1. Entity Name  
*Sutka Productions International, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*424 PALM STREET*  
Suite, Apt. #, etc.

3. Mailing Address  
*424 PALM STREET*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*West Palm Bch, FLA*

City & State  
*West Palm Bch, 33401*

Zip  
*33401*

Country  
*P.B. Cty*

Zip  
*33401*

Country  
*P.B. Cty*

4. FEI Number  
*59-2519635*

Applied For  
 Not Applicable

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

**7. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

Name  
*Bruce Sutka*

Street Address (P.O. Box Number is Not Acceptable)  
*424 PALM STREET*

City  
*W.P.B*

FL Zip Code  
*33401*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>OPS Bruce A. Sutka 424 PALM STREET W.P.B, FLA 33401-5835</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STO DAVID NEGRI 424 PALM STREET W.P.B, FLA 33401-5835</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200006231142--6; -07/05/02--01076--016 ****150.00 ****150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten Signature]*

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 of 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 on an attachment with an address, with power like empowered.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*361-835-8455*

Daytime Phone #

CR2E034B (12/01)

**© SUTKA ©**  
PRODUCTIONS INTERNATIONAL, INC.

Uniform Business Report  
Division Of Corporations  
P.O. Box 1500  
Tallahassee, Fl 323202-1500

June 11, 2002

~~To Whom It May Concern,~~

I never received the Uniform Business report in January 2002. I requested the form May 3, 2002 and received the blank form June 4, 2002.

Sincerely,



Deborah M. Amoretti  
Accounting Department