## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2000 8:00 am **DOCUMENT # H41781** Secretary of State NADA PRODUCTIONS INC. 03-06-2000 90018 036 \*\*\*150.00 Principal Place of Business Mailing Address WILTON MANORS WILTON MANORS 2216 N.W. 8 TERR. 2216 N.W. B TERR. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-3728 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0001935 Not Applicable \$8.75 Additional 7in Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUKHU, HARRY N. Street Address (P.O. Box Number is Not Acceptable) 2216 N.W. 8 TERR. WILTON MANORS FT. LAUDERDALE FL 33311 Zip Code FL. 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 app@cable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE NAME NAME SUKHU, HARRY N. STREET ADDRESS STREET ADDRESS 2216 N.W. 8 TERR. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Addition TITLE ☐ Delete NAME SUKHU. RANADAI NAME 2216 N.W. 8 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Chañáe Addition 🗀 Defete TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 Justee 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 attachmentary an address, with all other like empowered.

HARRY N. SUKHU

DITYPED OR PRINTED NAME OF SIGNING OFFICER (

SIGNATURE:

2/29/00