

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90292 026 ***150.00

DOCUMENT # **H48781** ✓

1. Entity Name

BENROS PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 690205

3. Mailing Address
PO Box 690205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
59-2525496

Applied For
Not Applicable

Zip
32869-0205

Country
Orange

Zip
32869-0205

Country

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

7. Name and Address of Current Registered Agent

Name
Ben Rossi

Street Address (P.O. Box Number is Not Acceptable)

7416 Somerset Shores Court

City
Orlando, FL Zip Code
32819

**DO NOT WRITE
IN THIS SPACE**

SAME AS BEFORE →

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) ☒

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
DVPT
ROSSI, BENNY
7416 Somerset Shores Court
Orlando, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ROSSI, VICTORIA B.
7416 Somerset Shores Court
Orlando, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROSSI, CHRISTOPHER M. B.
1100 South Orlando Avenue
Maitland, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ROSSI, RYAN CHRISTOPHER
7416 Somerset Shores Court
Orlando, Florida

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address. If not, other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2002 (407) 363-9147

Date

Daytime Phone #

CR2E034B (12/01)