FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90196 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75583

90090057

1. Entity Name
MIAMI BEACH PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1835 PURDY AVENUE MIAMI BCH, FL 33139	1835 PURDY AVENUE MIAMI BCH, FL 33139

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1900 SUNSET HARBOUR DR	1900 SUNSET HARBOUR DR
Suite, Apt. #, etc.: SUITE #1	Suite, Apt. #, etc.: SUITE #1
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: DADE	Zip: 33139 Country: DADE

4. FEI Number 59-2729318 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURCHIN,JOHN
1900 SUNSET HRB. DRIVE
STE 1
MIAMI BCH., FL 33139

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV TURCHIN, JOHN 1900 SUNSET HARBOR DRIVE MIAMI, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOHN TURCHIN (STV) 4/14/03 (305) 672-0702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #