## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State J72331 DOCUMENT # 1. Entity Name 05-28-2002 91785 030 \*\*\*150.00 IANI PRODUCTIONS CORP. Principal Place of Business Mailing Address 900 OCEAN DR. 900 OCEAN DR. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2367373 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALLACK, DAVID Street Address (P.O. Box Number is Not Acceptable) 900 OCEAN DR. MIAMI BEACH FL 33139 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 . Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE WALLACK, DAVID NAME NAME STREET ADDRESS 900 OCEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition TITLE Change ☐ Delete TITLE D NAME NAME WALLACK, DAVID STREET ADDRESS STREET ADDRESS 900 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME" FRANCIS, GREGG STREET ADDRESS STREET ADDRESS 900 OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change Addition ☐ Delete 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an add

FD NAME OF SIGNING OFFICER OR DIRECTOR

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 strongered becaute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**