


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91796 024 ***150.00

| | |
|--|---|
| DOCUMENT # K49212 |  |
| 1. Entity Name SUR PRODUCTIONS, INC. | |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 7800 SW 57th AVENUE | 3. Mailing Address 7800 SW 57th AVENUE |
| Suite, Apt. #, etc. SUITE # 227 | Suite, Apt. #, etc. SUITE # 227 |
| City & State MIAMI, FL | City & State MIAMI, FL |
| Zip 33143 | Zip 33143 |
| Country USA | Country USA |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 650091839 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | |
|-----------------------------------|---|-----------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name ANDREI ZINCA | |
| | Street Address (P.O. Box Number is Not Acceptable) 7800 SW 57th AVENUE STE# 227 | |
| | City MIAMI, | Zip Code FL 33143 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|---|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES VICE PRES JEAN FRANCOIS BOYER 7800 SW 57th AVENUE STE227 MIAMI, FL 33143 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JIM SIERRA, E.A. (POA)** **4/29/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)