

FILED  
Aug 28, 2003 8:00 am  
Secretary of State

08-28-2003 90070 033 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L27756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                          |  |
| 1. Entity Name<br><b>ONCE IN A LIFETIME VIDEO PRODUCTIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                           |  |
| Principal Place of Business<br>1214 12TH TERR<br>PALM BCH. GARDENS, FL 33418 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Mailing Address<br>1214 12TH TERR<br>PALM BCH GARDENS, FL 33418 US                                        |  |
| 2. Principal Place of Business<br><i>18551 Lake Bend Drive</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 3. Mailing Address<br><i>18551 Lake Bend Drive</i>                                                        |  |
| City & State<br><i>Jupiter FL</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | City & State<br><i>Jupiter FL</i>                                                                         |  |
| Zip<br><i>33458</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Zip<br><i>33458</i>                                                                                       |  |
| Country<br><i>USA</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Country<br><i>USA</i>                                                                                     |  |
| 4. FEI Number<br><b>65-0189207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Applied For<br>Not Applicable                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><b>ELGIN, BEVERLY</b><br>1214 12TH TERR.<br>PALM BCH. GARDENS, FL 33418                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 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 <i>B. Elgin</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | DATE <i>8/14/2003</i>                                                                                     |  |
| Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                           |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                           |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P. ELGIN, BEVERLY</b><br>1214 12TH TERR.<br>PALM BCH. GARDENS, FL 33418                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>18551 Lake Bend Drive</i><br><i>Jupiter FL 33458</i> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VC ELGIN, EDWARD R</b><br>1214 12TH TERR.<br>PALM BCH. GARDENS, FL 33418                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>18551 Lake Bend Drive</i><br><i>Jupiter FL 33458</i> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                            |  |
| 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 officers empowered. |  |                                                                                                           |  |
| SIGNATURE: <i>Edward R. Elgin</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DATE: <i>8/14/03</i> 561-745-0146                                                                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Date                                                                                                      |  |

CR2E034 (10/02)

Attachment

To whom it may concern, # 80141808  
L27756

This is to inform that we have moved and did not received the 2003 Uniform Business Report. Please note the change of address on the submitted form. I apologize for the communication error. Thank you for your assistance in this matter. If you have any questions, please call me at 561-745-0146

Sincerely,  
