

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65469

1. Entity Name

TEMBO PRODUCTIONS NORTH AMERICA, INC.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90098 016 ***150.00

Principal Place of Business 1730 TREE BLVD UNIT 2 ST AUGUSTINE FL 32086 US	Mailing Address 1730 TREE BLVD UNIT 2 ST AUGUSTINE FL 32086 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1730 Tree Blvd. Suite, Apt. #, etc. Unit 2 City & State St. Augustine, FL Zip 32084 Country USA	3. Mailing Address 1730 Tree Blvd. Suite, Apt. #, etc. Unit 2 City & State St. Augustine, FL Zip 32084 Country USA
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4. FEI Number 59-3002200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAHTI, BRUCE M. 1730 TREE BLVD UNIT 2 ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent Name Lahti, Bruce M. Street Address (P.O. Box Number is Not Acceptable) 1730 Tree Blvd. Unit 2 City St. Augustine FL Zip Code 32084	
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTAKER, ROGER H B CUBBERLEY HOUSE, HOMME GREEN, ROSS-ON-WYE HEREFORDSHIRE EN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTAKER, NATALIE CUBBERLEY HOUSE, HOMME GREEN, ROSS-ON-WYE HEREFORDSHIRE EN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD LAHTI, BRUCE M. 1730 TREE BLVD UNIT 2 ST AUGUSTINE FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAPOS, ALEXANDER THE GUARANTY BLDG, 12TH FLOOR, 370 MAIN ST WORCESTER MA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whittaker, Roger H. B. Ashford Lodge, Cuba, Banagher Co. Offaly, Ireland XX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Whittaker, Natalie Ashford Lodge, Cuba, Banagher Co. Offaly, Ireland XX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip - 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: Bruce M. Lahti 1/31/01 904-808-4772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)