

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90189 030 \*\*\*150.00

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DOCUMENT # **L75045**

1. Entity Name  
**MIAMI FILM STUDIOS, INC.**



Principal Place of Business  
**C/O THOMAS R. P OST  
901 NE SECOND AVE., STE. 2000  
MIAMI FL 33132**

Mailing Address  
**C/O THOMAS R. P OST  
901 NE SECOND AVE., STE. 2000  
MIAMI FL 33132**



2. Principal Place of Business  
**140 NE 8 street**  
Suite, Apt. #, etc.  
**MIAMI FL**

3. Mailing Address  
**140 NE 8 street**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Miami FL**

4. FEI Number **65-0197669**  
Applied For  
 Not Applicable

Zip **33132** Country **US**

Zip **33132** Country **US**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**POST, THOMAS R.  
901 NE SECOND AVE.  
SUITE 2000  
MIAMI FL 33132**

**7. Name and Address of New Registered Agent**

Name **THOMAS R. POST**  
Street Address (P.O. Box Number is Not Acceptable)  
**140 NE 8 street**  
City **Miami** FL Zip Code **33132**

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

**4/22/03**

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>POST, THOMAS R.</b>
STREET ADDRESS	<b>901 NE SECOND AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President,</b>
STREET ADDRESS	<b>THOMAS R. POST</b>
CITY-ST-ZIP	<b>140 NE 8 st MIAMI FL 33132</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date Daytime Phone #