

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**  
 03-28-2002 90010 032 \*\*\*150.00

0150463 AV

**DOCUMENT # M39752**  
 1. Entity Name  
**DIGITAL MULTIMEDIA PRODUCTIONS, INC.**

Principal Place of Business Mailing Address  
**366 NW 164TH AVE 366 NW 164TH AVE**  
**PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0192870** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARDO, JOSE**  
**595 N.W. 48 COURT**  
**MIAMI FL 33126**

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**PSD RODRIGUEZ, PARDO JORGE**  
 STREET ADDRESS  
 CITY-ST-ZIP **595 NW 48TH COURT MIAMI FL**

TITLE NAME ☒ Change ☐ Addition  
**366 NW 164th AVENUE**  
**PEMBROKE PINES, FL 33028**

TITLE NAME ☐ Delete  
**VTD RODRIGUEZ, IVETTE A.**  
 STREET ADDRESS  
 CITY-ST-ZIP **595 NW 48TH COURT MIAMI FL**

TITLE NAME ☒ Change ☐ Addition  
**366 NW 164th AVENUE**  
**PEMBROKE PINES, FL 33028**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

**SIGNATURE:** *Jorge Rodriguez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 (954) 430-9998  
 Date Daytime Phone #

CR2E034 (9/01)