## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 26, 2002 8:00 am Secretary of State M72620 DOCUMENT # 1. Entity Name 03-26-2002 90064 012 \*\*\*150.00 NOAH PRODUCTIONS, INC. Mailing Address Principal Place of Business **1**10000--7060 S.W. 48TH LANE 7060 S.W. 48TH LANE MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0036607 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADLER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 7060 S.W. 48TH LANE MIAMI FL 33155 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Delete TITLE TITLE ADLER, JOSEPH NAME NAME 7060 S.W. 48 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-71P ☐ Addition ☐ Change Deleta TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete III) F NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP 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

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