


NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 FEB 24 AM 11:47

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DOCUMENT # **NØ887Ø**
1. Entity Name
Independent Feature Projects/South, inc.



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

JFB

300011794463
02/04/03--01090--024 **297.50
300011794463
02/04/03--01090--025 **8.75

2. Principal Place of Business
210 2nd Avenue
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State

Zip
33139

Country
U.S.A.

Zip

Country

2002-2003 UBR

4. FEI Number
59-2631139

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Joanne Butcher**

Street Address (P.O. Box Number is Not Acceptable)
3301 NE 5th Avenue, #106

City **Miami** FL Zip Code **33137**

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]* DATE **1/27/03**

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Joanne Butcher 3301 NE 5th Avenue, #106 Miami, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Jerry H. Bell 1019 NE 104th Street Miami Shores, FL 33138 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Rhonda Mitran 300 Meridian Avenue, #4 Miami Beach, FL 33139 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Richard Standifer 1348 Washington Avenue, #147 Miami Beach, FL 33139 <i>D</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fees empowered.

SIGNATURE: *[Signature]* DATE **1/27/03**

2032



IFP/Miami
210 2nd Street
Miami Beach, FL 33139
(305) 538-8242
www.ifp.org

Date: February 19, 2003

Secretary of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

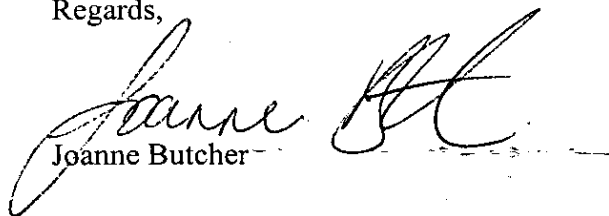
To Whom It May Concern:

As requested, we have made the required corrections to the Uniform Business Report.

We would much appreciate this being expedited in a timely fashion. Should you require any additional information, please feel free to contact me at anytime (305) 751-8118.

Thank you for your assistance in this matter.

Regards,


Joanne Butcher