

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10737

1. Entity Name

MIAMI SPRINGS TV PRODUCTIONS, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90007 043 ****61.25

Principal Place of Business

255 WESTWARD DR
 MIAMI SPRINGS FL 33166
 US

Mailing Address

636 51ST TERR
 MIAMI BEACH FL 33140-2617
 US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JO ASMUNDSSON
 4580 N JEFFERSON AVE
 MIAMI BEACH FL 33140

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

Make Check Payable to

Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ENGLEMAN, ERIC | |
| STREET ADDRESS | 120 SE 8 AVE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WOLAR, BILL | |
| STREET ADDRESS | 1180 ROBIN AVE | |
| CITY-ST-ZIP | MIAMI BCH FL 33166 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JO ASMUNDSSON | |
| STREET ADDRESS | 4580 N JEFFERSON AVE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DANNY JESSUP | |
| STREET ADDRESS | 117 S SHORE DR. | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, PILAR | |
| STREET ADDRESS | 1825 W 44 PLACE | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PILAR RODRIGUEZ | |
| STREET ADDRESS | 1825 W 44 PLACE | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |

| | | |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLAR, BILL | |
| STREET ADDRESS | 1180 ROBIN AVE | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREW L. CLARK | |
| STREET ADDRESS | 134 FERN WAY | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | |
| 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 | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JO ASMUNDSSON

04-24-00

305-86-5703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)