

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10737

1. Entity Name

MIAMI SPRINGS TV PRODUCTIONS, INC.

Principal Place of Business

255 WESTWARD DR
MIAMI SPRINGS FL 33166
US

Mailing Address

636 51ST TERR
MIAMI BEACH FL 33140-2938
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

6. Name and Address of Current Registered Agent

JO ASMUNDSSON
4580 N JEFFERSON AVE
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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

TITLE P
NAME WOLAR, BILL
STREET ADDRESS 1180 ROBIN AVE
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE VP
NAME WOLAR, BILL
STREET ADDRESS 1180 ROBIN AVE
CITY-ST-ZIP MIAMI BCH FL 33166 ☐ Delete

TITLE T
NAME JO ASMUNDSSON
STREET ADDRESS 4580 N JEFFERSON AVE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE D
NAME DANNY JESSUP
STREET ADDRESS 117 S SHORE DR.
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE D
NAME RODRIGUEZ, PILAR
STREET ADDRESS 1825 W 44 PLACE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE D
NAME PILAR RODRIGUEZ
STREET ADDRESS 1825 W 44 PLACE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90081 016 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)