

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001285 (2)

1. Corporation Name

UNIQUE PRODUCTIONS CORP.

Principal Place of Business

6733 AZALEA DRIVE
MIRAMAR FL 33023

Mailing Address

6733 AZALEA DRIVE
MIRAMAR FL 33023

FILED
Sep 16 1998 8:00am⁸
Secretary of State



| | | | |
|--------------------------------|-------------------|---------------------|-------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 6733 Azalea Drive | 26 | 6733 Azalea Drive |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | Miramar Fla | 28 | Miramar Fla |
| Zip | Country | Zip | Country |
| 24 | 33023 U.S.A | 29 | 33023 U.S.A |
| 30 | | 31 | |

| | |
|-----------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified | |
| 02/27/1997 | |
| 4. FEI Number | Applied For |
| 65-0755358 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | |
| 7. Is this nonprofit corporation a homeowners association? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MOODIE, TAMARA
6733 AZALEA DRIVE
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

| | |
|----|----------------------------------------------------|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: J. Moodie DATE: 10/18/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|-------------------------------------------------------|--|
| TITLE | President | 1.1 TITLE | |
| NAME | 6733 Azalea Drive | 1.2 NAME | |
| STREET ADDRESS | Miramar Fla. 33023 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | Vice President | 2.1 TITLE | |
| NAME | 3980 W.W. 203rd Lane | 2.2 NAME | |
| STREET ADDRESS | Miami Fla. 33055 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | President (D) | 3.1 TITLE | |
| NAME | Tamara Moodie | 3.2 NAME | |
| STREET ADDRESS | 6733 Azalea Drive | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miramar Fla. 33023 | 3.4 CITY-ST-ZIP | |
| TITLE | Vice President (D) | 4.1 TITLE | |
| NAME | Christopher Shaw | 4.2 NAME | |
| STREET ADDRESS | 3980 W.W. 203rd Lane | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami Fla. 33055 | 4.4 CITY-ST-ZIP | |
| TITLE | Treasurer (D) | 5.1 TITLE | |
| NAME | Diana Shaw | 5.2 NAME | |
| STREET ADDRESS | 3980 W.W. 203rd Lane | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami Fla. 33055 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Moodie / Tamara Moodie 10/18/98 954 966-6852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)