2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000010264 1. Entity Name PRE PRODUCTIONS, INC.					7	Secretary of State 09-17-2001 90012 012 ***150.00	
Principal Place of Busin 12850 SR 84 #2011 DAVIE FL 33325	ness	Mailing Address 12850 SR 84 #2011 DAVIE FL 33325				· ~~u <u>a</u>	
2. Principal Place of Business		3. Mailing Address			-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. F	FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country	у	5. (Certificate of Status Desired S8.75 Additional Fee Required	
<u>.</u> 6. Na	me and Address of Current Re	gistered Agent	-	Name	7. N	Name and Address of New Registered Agent	
PYE,;KATHY 12850 SR 84 #2011 DAVIE FL 33325			Street Address		(P.O. B	Box Number is Not Acceptable)	
			-	City		FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of States					.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11,	OFFICERS AND DI	RECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	THY SR 84 #2011 L 33325	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS :		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ख <i>ोर स्थि</i> क	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS	·4.	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME	ADDRESS	•	☐ Change ☐ Addition	

indicated on this report or suppliered with this iming does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information indicated on this report or supplierental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECT

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Attachment Doc. # P00000010264
BOXES264 I am writing you this Oetter after speaking to ve made a terrilo iseer destrood my account as arite you His letter, I a fool of was wordering