

4/2/0

FILED
May 30, 2002 8:00 am
Secretary of State

04-02-2002 90146 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020326

1. Entry Name

DOLPHIN FILMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1717 North Bayshore Drive

3. Mailing Address

1717 North Bayshore Drive

Suite, Apt. #, etc.

Suite 1245

Suite, Apt. #, etc.

Suite 1245

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

Zip

33132

Country

4. FEI Number

See attached Application

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

O'Dowd, IV, William H.

Street Address (P.O. Box Number is Not Acceptable)

1717 North Bayshore Drive

Suite 1245

City

Miami

FL

Zip Code
33132DO NOT WRITE
IN THIS SPACE

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 William H. O'Dowd, IV

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent Signature required when making change)

2/14/02
DATE
 9. This corporation is eligible to satisfy its intangible
 tax filing requirement and elects to do so.
 (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

 10. Election Campaign Financing
 Trust Fund Contribution ☐

 \$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVT Morales, David G. 1717 North Bayshore Drive Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDS O'Dowd, IV, William H. 1717 North Bayshore Drive Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. O'Dowd, IV

PDS

2/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E0349 (1/201)

2nd Application.

33 100

Form **SS-4**

(Rev. December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Dolphin Films, Inc.</u>			
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name <u>c/o William H. O'Dowd IV</u>	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>1717 N. Bayshore Drive, #1245</u>		5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code <u>Miami, FL 33132</u>		5b City, state, and ZIP code	
	6 County and state where principal business is located <u>Miami-Dade County, Florida</u>			
	7a Name of principal officer, general partner, grantor, owner, or trustor <u>William H. O'Dowd IV</u>		7b SSN, ITIN, or EIN <u>265-55-5836</u>	
8a Type of entity (check only one box)			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <u>1120</u> <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶				
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State <u>Florida</u>	Foreign country
9 Reason for applying (check only one box)			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Film Production</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶				
10 Date business started or acquired (month, day, year) <u>02-25-2000</u>			11 Closing month of accounting year <u>December</u>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <u>N/A</u>				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶			Agricultural	Household
				Other <u>-0-</u>
14 Check one box that best describes the principal activity of your business.				
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <u>Film Production</u> <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail				
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>Feature Films</u>				
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes - <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application If different from line 1 or 2 above. Legal name ▶ Trade name ▶				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN				
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
	Designee's name		Designee's telephone number (include area code) ()	
	Address and ZIP code		Designee's fax number (include area code) ()	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				
Name and title (type or print clearly) ▶ <u>William H. O'Dowd IV, President</u>			Applicant's telephone number (include area code) <u>(305) 372-1001</u>	
Signature ▶ <u>William H. O'Dowd IV</u>			Applicant's fax number (include area code) <u>(305) 372-0701</u>	
Date ▶ <u>04-28-02</u>				

April 33600

DOLPHIN FILMS, INC.
1717 N. Bayshore Drive, Suite 1245
Miami, Florida 33132

April 30, 2002

Florida Department of State
Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: DOLPHIN FILMS, INC.
#P00000020326

To Whom It May Concern:

In response to your letter dated April 9, 2002, enclosed is a copy of the second application for a Federal Employer Identification Number. The first application has apparently been lost. Also enclosed is a copy of the Uniform Business Report dated February 14, 2002.

The enclosed documents should complete the information needed to file the annual report for Dolphin Films, Inc. However, if further information is needed, please do not hesitate to contact us.

Very truly yours,

DOLPHIN FILMS, INC.

William H. O'Dowd IV
William H. O'Dowd IV *by s*

(Dictated but not read)

Enclosures

Via Certified Mail – Return Receipt Requested