

FILED  
May 24, 2001 8:00 am  
Secretary of State

05-02-2001 90099 005 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021779

1. Entity Name  
TOWERDAWN PRODUCTIONS, INC.

Principal Place of Business  
8000 SW 81 DRIVE  
APT 106  
MIAMI FL 33143

Mailing Address  
8000 SW 81 DRIVE  
APT 106  
MIAMI FL 33143

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
1800 W. 49th STREET  
Suite, Apt. #, etc.  
SUITE 301  
City & State  
HIALEAH

4. FEI Number  
09-0986959

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
RIOS, LEOPOLDO  
1800 WEST 49TH ST  
SUITE 207  
HIALEAH FL 33012

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1800 W, 49th ST,  
Ste. 301  
City HIALEAH FL Zip Code 33012

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]* DATE 01/26/01  
Signature typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	D	<input type="checkbox"/> Delete
NAME	PTD, TORREALBA J UAN	
STREET ADDRESS	8000 SW 81 DRIVE APT. 106	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	TORREALBA, THAIS N	
STREET ADDRESS	8000 SW 81 DRIVE APT. 106	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD, TORREALBA JUAN C.	
STREET ADDRESS	1800 W, 49th ST # 301	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORREALBA, THAIS N.	
STREET ADDRESS	1800 W, 49th ST, #301	
CITY-ST-ZIP	HIALEAH, FL 33012	
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		

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* DATE 01/26/01 DAYTIME PHONE # (305) 5589669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)