2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064978

1. Entity Name

FAN'S PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
18520 NW 67 AVE STE 274	18520 NW 67 AVE STE 274
MIAMI FL 33015	MIAMI FL 33015

FILED

02 AUG -5 PM 1: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

002695 AV

2. Principal Place of Business
18520 N.W 67 AV
Suite, Apt. #, etc.
274
City & State
MIAMI FLORIDA
Zip 33015   Country

3. Mailing Address
18520 NW 67 AV
Suite, Apt. #, etc.
274
City & State
Miami FLORIDA
Zip 33015   Country

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number | Applied For / Not Applicable

5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BOULOUTE, FRANTZ 18520 NW 67 AVE STE 274 MIAMI FL 33015	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: FRANTZ Bouloute CEO   Frantz Bouloute   07/12/2002

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		**12.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULOUTE, FRANTZ 18520 NW 67 AVE STE 274 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600006976686--7 -08/08/02--01056--022 ****500.00 ****500.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600006976686--7 -08/08/02--01056--023 ****400.00 ****400.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (5/01)

13. 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 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: Frantz Bouloute CEO / QUIF FRANTZ Bouloute   07/12/2002   (305)360-9628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #