

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000069687**

1. Entity Name  
**DCT PRODUCTION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>3510 NW 177 TERR<br><br>MIAMI FL 33056 | Mailing Address<br>3510 NW 177 TERR<br><br>MIAMI FL 33056 |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br>P.O. BOX 693236<br><br>Suite, Apt. #, etc. |
|---|--|

DO NOT WRITE IN THIS SPACE

|                          |                          |
|--------------------------|--------------------------|
| City & State<br>MIAMI FL | City & State<br>MIAMI FL |
| Zip<br>33056             | Country                  |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1029254</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN WILLIE M  
 3510 NW 177 TERR  
  
 MIAMI FL 33056

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 WILLIE M. MANN DATE 04/23/2001  
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 \$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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/M<br>MANN BARRY AD/M<br>19040 NW 5TH AVENUE<br>MIAMI FL 33169  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MANN NAKIA XT<br>3510 NW 177 TERRACE<br>MIAMI FL 33056      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MANN CATHERINE RS<br>3510 NW 177 TERRACE<br>MIAMI FL 33056  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MANN APRIL DV<br>3510 NW 177 TERRACE<br>MIAMI FL 33056      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C/P<br>MANN WILLIE MC/P<br>3510 NW 177 TERRACE<br>MIAMI FL 33056 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: WILLIE MAE MANN C/P DATE 04/23/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)