2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000070151

1. Entity Name

CROSS WINDS PRODUCTIONS INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90216 015 ***150.00

CHOSS WINDS PRODUCTIONS INC.										
Principal Place of Business 60 SALANO PRADO 60 SALANO PRADO CORAL GABLES FL 33156 CORAL GABLES FL 33156										
2. Principal P	lace of Business	3. Mailing Address COSolavo Phado				1	3 51 511 08 111 10 1 11		A - - - - - - - - - - - -	
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\dashv					
Outo, ripo					CHECK HERE IF MAKING CHANGES					
City & State		CORAL Gables FL		L	4. F	4. FEI Number 22-3743428		Applied For Not Applicable		
Zip	Country	33156	Country	De	5. C	ertificate of Status Desired	□ \$8 Fe	3.75 Add e Require	iitional d	
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
CINIA (COTA)	141450			Name		•			•	ł
FINNERTY	•	Street Addres			s (P.O. Box Number is Not Acceptable)					Ì
60 SALANO PRADO OLD CUTLER BAY CORAL GABLES FL 33156										
OOME W	ADDECT I COTTO		(City			FL	Zip Code	e	
	named entity submits this statement for	r the purpose of changir	ng its registered	office or registe	ered age	ent, or both, in the State of Flo	rida. I am fan	iliar with,	and accept	1
the obligat	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered Ag	nont cionalura razuire	ad when rei	netalina)	DATE			
		ана нав и арржавле.	(NOTE: Negatorso Ag							ĺ
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State				Election Campaign Fin Trust Fund Contribution			0 May Be to Fees	
10.	OFFICERS AND		11.		ADI	DITIONS/CHANGES TO OFF	CERS AND D	RECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE					Change	☐ Addition	ć
NAME STREET ADDRESS	FINNERTY, JAMES 60 SALANO PRADO OLD CUTLE	R RAY	NAME STREET A	ADDRESS						3
CITY-ST-ZIP	CORAL GABLES FL 33156		CITY-ST-							1
TITLE	Р	☐ Delete	TITLE] Change	☐ Addition	6
NAME	FINNERTY, JAMES		NAME							
STREET ADDRESS CITY-ST-ZIP	60 SALANO PRADO CORAL GABLES FL 33156		STREET A	1						
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CITY-ST-ZIP		□ Delete	TITLE	-211				Change	☐ Addition	l
TITLE NAME		☐ Delete	NAME				L-	_ Onlange		ļ
STREET ADDRESS		J	STREET A	I						
CITY-ST-ZIP			CITY-ST-	- ZIP						-
TITLE NAME		☐ Delete	TITLE NAME				L	Change	Addition	1
STREET ADDRESS			STREET A	ADDRESS					ļ	
CITY-ST-ZIP			CITY-ST-							
12. Thereby o	certify that the information supplied with	this filing does not quali	ify for the exemp	tion stated in Se	Section 1	19.07(3)(i). Florida Statutes.	further certify	that the ir	nformation	1

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GINGE THE CONTROL OF SIGNING OFFICER OR DIRECTOR

19 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)