FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000071980 1. Entity Name UP BEAT PRODUCTIONS, INC.						Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90078 049 ***150.00					
Principal Place of Business 1177 NW 171 TERRACE PEMBROKE PINES FL 33028		Mailing Address 1177 NW 171 TERRACE CCS #1277 PEMBROKE PINES FL 33028									
2. Principal Pl	ace of Business	3. Mailing Address					88(II 06)II 00 (31 00)II	131)I 80II) ISBS	1	.Bi(68() (86)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	65-1027247		_ 	plied For t Applicable	
Zip	Country	Zip	Coun	itry	5.	Certificate of S	tatus Desired	1 1 7 -	3.75 Add		
	6. Name and Address of Current R	legistered Agent			7.	Name and Add	Iress of New Reg	istered Age	nt		
					Name						
HÔ(O ROCHA, FERNANDO				Street Address (P.O. Box Number is Not Acceptable)							
1177 NW 171 TERRACE PEMBROKE PINES FL 33028											
FEMILITOR	AE FINES E 35020								Zip Code		
				City	 			FL			
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.											
1/8/2002											
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signat	ure required when	reinstating)		DATE			
Tax filing requirement and elects to do so. After May 1			!!! FEE IS \$150.00 002 Fee will be \$550.00 ble to Department of Sta			1	n Campaign Finan und Contribution.	ncing		0 May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		Α	DDITIONS/CHA	ANGES TO OFFIC	ERS AND DI	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ROTO, FERNANDO 1177 N.W. 171 TERRACE PEMBROKE PINES, FL 33028						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVA, YVEFFE-L. 4440. N.W. 73RD AVENUE			E IE EET ADDRESS '-ST-ZIP	コフフト	VP Change Addition ARMIENTO, CLAUDIA 77 N.W. 171 TERRACE EMBROKE PINES, FL 33028					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROJO ROCHA, FERNANDO 1177 NW 171 TERRACE PEMBROKE PINES FL 33028	☐ Delete			. ~**] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						С] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Ē] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						С] Change	☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #											