

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90018 013 ***155.00

DOCUMENT # P00000087432 ✓
1. Entity Name GIL SANTOS PRODUCTIONS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
216 71st STREET
Suite, Apt. #, etc.

3. Mailing Address
5415 COLLINS AVE
Suite, Apt. #, etc. # 706

DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH FL City & State MIAMI BEACH 4. FEI Number 651036694 Applied For
Not Applicable

Zip 33141 Country US Zip 33140 Country US 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MASON, L. DIANNE
Street Address (P.O. Box Number is Not Acceptable)
220 71st STREET # 204
City MIAMI BEACH FL Zip Code 33141

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>SANTOS, Gil</u> <u>216 71st STREET</u> <u>MIAMI BEACH FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MASON, L. DIANNE</u> <u>220 71st STREET # 204</u> <u>MIAMI BEACH FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3-10-02 305 8670779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)