

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90079 005 ***150.00

DOCUMENT # P00000092073

1. Entity Name
DMINE PRODUCTIONS, INC.



Principal Place of Business
**12620 SHERMAN DR.
HUDSON FL 34667**

Mailing Address
**12620 SHERMAN DR.
HUDSON FL 34667**



2. Principal Place of Business

3. Mailing Address

1527 N. DALE MARY HWY

SAME AS 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Lutz, FL

Zip

Zip

Country

Country

33548

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3681424**

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

**BRUNO, ADAM R
12620 SHERMAN DR.
HUDSON FL 34667**

Name

Street Address (P.O. Box Number is Not Acceptable)

1527 N. DALE MARY HWY

Suite 100

City

FL

33548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRUNO, ADAM R**
STREET ADDRESS **12620 SHERMAN DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☒ Change ☐ Addition
NAME **1527 N. DALE MARY HWY Suite 100**
STREET ADDRESS **Lutz, FL 33548**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BRUNO, IRENE**
STREET ADDRESS **12620 SHERMAN DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
NAME **1527 N. DALE MARY HWY Suite 100**
STREET ADDRESS **Lutz, FL 33548**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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:

ADAM R BRUNO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03

CR2E034 (10/02)