


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91054 029 \*\*\*150.00

**DOCUMENT # P00000103773**

1. Entity Name  
**DIVINE INTERVENTION PRODUCTIONS, INC.**



Principal Place of Business  
**13000 SW 92 ND AVENUE  
B-105  
MIAMI FL 33176**

Mailing Address  
**13000 SW 92 ND AVENUE  
B-105  
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address  
**P.O. BOX 565125**

Suite, Apt. #, etc.  
**#**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33256-5125**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1054217**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
Name  
**M.J.F. REGISTERED AGENT CORP.**  
Street Address (P.O. Box Number is Not Acceptable)  
**153 Sevilla Avenue**  
City  
**Miami** FL Zip Code  
**33134**

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 *[Signature]* *[Signature]* **3/12/03**  
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD STADLER, LUIZ N 7015 SOUTH WEST 106TH AVENUE MIAMI FL 33170</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13000 SW 92 Ave. Apt. B-105 Miami, FL 33176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **01/08/03 (305) 282-3139**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

80057421

Law Offices  
**MICHAEL J. FREEMAN, P.A.**  
153 Sevilla Avenue  
Coral Gables, Florida 33134-6006

Reply to:  
P.O. Box 140668  
Coral Gables, Florida 33114-0668

Tel: (305) 442-1567  
Fax: (305) 442-1227

March 14, 2003

Secretary of State  
Division of Corporations  
Annual Report Section  
P.O. Box #1500  
Tallahassee, Florida 32302-1500

Re: **DIVINE INTERVENTION PRODUCTIONS, INC.**  
Document #P00000103773

Gentlemen:

Enclosed please find the following documents for the above referenced corporation:

1. Executed 2003 Uniform Business Report;
2. My client's check #1135 the amount of \$150.00 representing the filing fee.

Thank you for your courtesies in this matter.

Very truly yours,



MICHAEL J. FREEMAN

MJF:lc  
enc.