FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114522

BAKER Productions INC



FILED Jun 24, 2004 8:00 am Secretary of State

06-24-2004 90080 007 ***158.75

DO NOT WRITE IN THIS SPACE

54058725 2. Principal Place of Business 3. Mailing Address 214 BEAZILIAN 214 BRAZILIAN AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # <u>aloo</u> # 2400 City & State 4. FEI Number Applied For Palm Beach FLORIDA 65-1070839 Not Applicable <u>FLoridA</u> \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Obert DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE TAZILIAN AVE. #260 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 January 1 - May 1 Fee Is \$150.00 After May 1; Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. P. D TITLE TITLE NAME NAME Howard Baker STREET ADDRESS 2761 S. BUFFAID Dr. STREET ADDRESS CITY-ST-ZIP CITY ST ZIP LAS VEGAS NEVADA 89117 TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 on an attachment with an address, with all other like empow

NAMÉ

STREET ADDRESS

SIGNATURE: _

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)

54058725

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To Whom It may Concern,

4-21-04

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Due to an address error In the Computer System, We did not receive our UBR Report.

I had to call and request they send me a form. That's way it wasn't mailed In

on line.

Thank you.

Howard Baker