

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91294 038 ***150.00

DOCUMENT # P00000115137

1. Entity Name
3E PRODUCTIONS CORP.



Principal Place of Business
~~1040 W 49TH ST, SUITE #404~~
~~HALEAH FL 33012~~

Mailing Address
~~1040 W 49TH ST, SUITE #404~~
~~HALEAH FL 33012~~



2. Principal Place of Business
1200 NW 78 AVENUE

3. Mailing Address
P.O. BOX 452236

Suite, Apt. #, etc.
216

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1068113

Applied For
☐ Not Applicable

Zip
33126

Country

Zip
33245

Country

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

ORTIZ, STELLA M
~~1040 W 49TH ST, SUITE #404~~
~~HALEAH FL 33012~~

Name

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

8000 WEST DRIVE APT 209

City
NORTH BAY VILLAGE

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

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/21/03

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 **D** ☐ Delete
NAME **ORTIZ, STELLA M**
STREET ADDRESS ~~1045 NW 169 ST, UNIT E~~
CITY-ST-ZIP ~~HALEAH FL 33015~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8000 WEST DRIVE APT 209**
CITY-ST-ZIP **NORTH BAY VILLAGE, FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:
SIGNATURE REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STELLA M. ORTIZ

4/21/03

(305) 942-7826

CR2E034 (10/02)