

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91069 005 ***150.00

DOCUMENT # P01000005058

1. Entity Name
INTRAMEDIA PRODUCTIONS, INC.



Principal Place of Business
515 N FLAGLER DRIVE
P-400
WEST PALM BEACH FL 33401

Mailing Address
515 N FLAGLER DRIVE
P-400
WEST PALM BEACH FL 33401



2. Principal Place of Business

6107 S. DIXIE Hwy

Suite, Apt. #, etc.

Suite 5

City & State
West Palm Beach, FL

Zip
33405

Country
Palm Beach

3. Mailing Address

6107 S. DIXIE Hwy

Suite, Apt. #, etc.

Suite 5

City & State
West Palm Beach, FL

Zip
33405

Country
Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1067051**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SERRANO, GENIE E
4606 HOLLY DRIVE
WEST PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SERRANO, GENIE E**
STREET ADDRESS **319 CLEMATIS STREET SUITE 107**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☒ Delete
NAME **BROWN, APRIL**
STREET ADDRESS **319 CLEMATIS STREET SUITE 107**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☒ Delete
NAME **BROWN, BERTON G**
STREET ADDRESS **319 CLEMATIS STREET SUITE 107**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Delete
NAME **SERRANO, JOSE L**
STREET ADDRESS **319 CLEMATIS STREET SUITE 107**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Delete
NAME **Valerie Staggs**
STREET ADDRESS **6107 S. DIXIE Hwy, 5**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Genie E. Serrano**
STREET ADDRESS **6107 S. DIXIE Hwy, 5**
CITY-ST-ZIP **West Palm Beach, FL 33405**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **JOSE L. Serrano**
STREET ADDRESS **6107 S. DIXIE Hwy, 5**
CITY-ST-ZIP **West Palm Beach, FL 33405**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)