

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90341 031 \*\*\*150.00

**DOCUMENT #** P01000050672  
**1. Entity Name** GLASS PRODUCTIONS, INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>418 SOUTH 'M' STREET</u>		<b>3. Mailing Address</b> <u>P O Box 18288</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>LAKE WORTH, FL</u>		<b>City &amp; State</b> <u>WPB, FL</u>	
<b>Zip</b> <u>33460</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>33416</u>	<b>Country</b> <u>USA</u>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <u>65-1102195</u>		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** MICHAEL J. McGOEY CPA

**Street Address (P.O. Box Number is Not Acceptable)**  
209 N. SEACREST BLVD

**City** BOYNTON BEACH **FL** **Zip Code** 33435

**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.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>PRES.</u> <u>JESSICA ARINET GLASS</u> <u>418 SOUTH 'M' ST</u> <u>LAKE WORTH, FL 33460</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>VICE PRESIDENT</u> <u>RANDALL GLASS</u> <u>418 SOUTH 'M' ST</u> <u>LAKE WORTH, FL 33460</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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IN THIS SPACE**

**13.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Randall H. Glass Randall H. Glass 5/1/02 361-707-3005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)