

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90166 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058230
 1. Entity Name
See Dick Run Productions, Inc.

656456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>610 Jefferson Ave.</u>		3. Mailing Address <u>610 Jefferson Ave.</u>	
Suite, Apt. #, etc. <u># 7</u>		Suite, Apt. #, etc. <u># 7</u>	
City & State <u>Miami Beach, FL</u>		City & State <u>Miami Beach, FL</u>	
Zip <u>33139</u>	Country <u>U.S.A.</u>	Zip <u>33139</u>	Country <u>U.S.A.</u>

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4. FEI Number <u>65112115</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent		
Name <u>Matthew S. Rotz</u>	Street Address (P.O. Box Number is Not Acceptable) <u>610 Jefferson Ave. # 7</u>	
City <u>Miami Beach</u>	FL	Zip Code <u>33139</u>

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] DATE 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>President</u>	NAME <u>Matthew S. Rotz</u>	TITLE	NAME
STREET ADDRESS <u>610 Jefferson Ave. # 7</u>	CITY-ST-ZIP <u>Miami Beach, FL 33139</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE 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: [Signature] DATE 4/15/02 DAYTIME PHONE # 786-251-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)