

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058873

1. Entity Name
MIAMI WIFE PRODUCTIONS, INC.Principal Place of Business
20120 SW 84 PL
MIAMI FL 33189Mailing Address
20120 SW 84 PL
MIAMI FL 33189

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Applied For

Not Applicable

Country

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SMITH, HOLLY R
20120 SW 84 PL
MIAMI FL 33189

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.

SIGNATURE Holly R. Smith HOLLY R SMITH

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

(NOTE: Registered Agent signature required when reinstating)

2-27-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

14. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME SMITH, DARREN W
STREET ADDRESS 20120 SW 84 PL
CITY-ST-ZIP MIAMI FL 33189TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME SMITH, HOLLY R
STREET ADDRESS 20120 SW 84 PL
CITY-ST-ZIP MIAMI FL 33189TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darren W. Smith DARREN W. SMITH 2-27-2002 305 256 8656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

028289
AVFILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90008 044 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)