

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000061111**

1. Entity Name

PRO MEDIA PRODUCTIONS, INC.

Principal Place of Business

**12864-BISCAYNE-BLVD--#201
N- MIAMI-FL- 33181-2007--**

Mailing Address

**12864-BISCAYNE-BLVD--#201--
N- MIAMI-FL- 33181-2007--**

2. Principal Place of Business

1920 N MIAMI AVE

3. Mailing Address

1920 N MIAMI AVE

Suite, Apt. #, etc.

MIAMI, FL 33136

Suite, Apt. #, etc.

MIAMI, FL 33136

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1128740

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DIAN, BEN**200 LESLIE DR., APT. 1006
HALLANDALE BCH FL 33009**

7. Name and Address of New Registered Agent

Name **PATRICK HOFFMAN**Street Address (P.O. Box Number is Not Acceptable)
19820 NE 26 AVE**AVENTURA FL 33180**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PATRICK HOFFMAN 19820 NE 26 AVE AVENTURA FL 33180	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ERIC SEGAL 1151 S PARK RD #111 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90122 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)