

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

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90079 001 \*\*\*150.00

DOCUMENT # P01000064730

1. Entity Name

Tiffany Video Productions, Inc.

**DO NOT WRITE IN THIS SPACE**

90150550

2. Principal Place of Business

4228 Woodmere Street

Suite, Apt. #, etc.

3. Mailing Address

4228 Woodmere Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3730024

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Engel, Michael

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

4228 Woodmere Street

City

Jacksonville

FL

Zip Code

32210

**DO NOT WRITE  
IN THIS SPACE**

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

*Michael Engel*

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

(NOTE: Registered Agent signature required when reinstating)

8-13-03

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



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.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Michael Engel  
4228 Woodmere Street  
Jacksonville, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Engel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-03

Date

904-387-5547

Daytime Phone #

CR2E034B (12/01)

*Attachment*

90150550  
#P01000064730

**TIFFANY VIDEO PRODUCTIONS, INC.**  
**4228 WOODMERE STREET**  
**JACKSONVILLE, FL 32210**

August 13, 2003

**Uniform Business Report**  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document # P01000064730

Dear Sir or Madam:

We never received our Uniform Business Report (UBR). We are enclosing a form that we have filled out. Please accept our check in the amount of \$150.00 for the filing fee. We ask that you waive any additional charges because we did not receive our original form.

Thank you for your time and consideration in this matter.

Cordially,

*Michael Engel*

Michael Engel  
President