## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # PO1000070621  1. Entity Name  RASFRENCHIE PRODUCTIONS, INC.			05-15-2002 90073 036 ***150.00	
DO NOT WRITE		ACE		
2. Principal Place of Business 3991 NW 36 <sup>99</sup> WAY Suite, Apt. #, etc.	3. Mailing Address 3991 NW 367# WAY Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
LANDENDALE LAKES FOR	City & State  ANSCROPTE CAR  Zip	Country C		Applied For Not Applicable \$8.75 Additional
333/9-4858 USA	53309-4838	Name Rott	Name and Address of Current Registered	Fee Required Agent
DO NOT WRITE  IN THIS SPACE  City And Flower Langer FL 3300 4 458				
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent or	a		d agent, or both, in the State of Florida.	133309-43-8
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 Sta		Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND E  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CONTROL OFFICERS AND E  AND EN CONTROL OFFICERS AND E  AND E  AND E  AND E  AND E  AND E  AND	√	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
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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 on an attachment with an address, with all other like empowered.				
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Doyline Phone #				