## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000087936

Name:

Address:

City-St-Zip:

Entity Name: ECLIPSE SCREENS, INC.

Jan 15, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5300 N.W. 12TH AVENUE, SUITE 7 5300 N.W. 12TH AVENUE FT. LAUDERDALE, FL 33309 SUITE 7 FT. LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 5300 N.W. 12TH AVENUE, SUITE 7 5300 N.W. 12TH AVENUE FT. LAUDERDALE, FL 33309 SUITE 7 FT. LAUDERDALE, FL 33309 FEI Number: 65-1107463 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREEDMAN, GARY M ESQ. C/O TABAS, FREEDMAN, & SOLOFF, P.A. 25 S.E. 2ND AVENUE, SUITE 919 MIAMI, FL 33130 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition O'KEEFFE, MICHAEL D Name: Name: 5300 N.W. 12TH AVENUE, SUITE 7 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: VON DER GOLTZ, CHRISTIAN Name: 5300 N.W. 12TH AVENUE, SUITE 7 Address: Address: FT. LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition VON DER GOLTZ, MARKUS Name: Name: 5300 N.W. 12TH AVENUE, SUITE 7 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: TD () Delete Title: () Change () Addition GREEN, ROBERT K

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL D. O'KEEFFE PD 01/15/2002

5300 N.W. 12TH AVENUE, SUITE 7

FT. LAUDERDALE, FL 33309