

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91159 034 ***150.00

DOCUMENT # P01000094715

1. Entity Name

OCEAN DRIVE TELENODELA PRODUCTION, INC.

DO NOT WRITE IN THIS SPACE

80061917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1717 North Bayshore Drive Suite, Apt. #, etc. Suite 1245 City & State Miami, FL Zip 33132		3. Mailing Address 1717 North Bayshore Drive Suite, Apt. #, etc. Suite 1245 City & State Miami, FL Zip 33132	
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4. FEI Number 65-1142272	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name O'Dowd IV, William H.	
Street Address (P.O. Box Number is Not Acceptable) 1717 North Bayshore Drive	
Suite 1245	
City Miami	FL Zip Code 33132

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 **William H. O'Dowd, IV**

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

(NOTE: Registered Agent signature required when re-stating)

2/14/02
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	PD Kramer, Jon 1717 North Bayshore Drive Suite 1245 Miami, FL 33132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'Dowd IV, William H. 1717 North Bayshore Drive Suite 1245 Miami, FL 33132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Behling, Jay 1717 North Bayshore Drive Suite 1245 Miami, FL 33132
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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: **William H. O'Dowd, IV**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)