

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90028 010 ***150.00

0157247 AV

DOCUMENT # P01000094771

1. Entity Name

MEDIA PRODUCTION CORPORATION

Principal Place of Business

**10219 GREENHOUSE RD
 PEMBROKE PINES FL 33026**

Mailing Address

**10219 GREENHOUSE RD
 PEMBROKE PINES FL 33026**

2. Principal Place of Business

**13505 N.W. 6th Street
 Suite, Apt. #, etc.
 #103
 City & State
 Pembroke Pines, FL
 Zip
 33028
 Country**

3. Mailing Address

**13505 N.W. 6th Street
 Suite, Apt. #, etc.
 #103
 City & State
 Pembroke Pines, FL
 Zip
 33028
 Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1141845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COLUCCI, THOMAS J
 10219 GREENHOUSE RD
 PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name **Colucci, Thomas J**
 Street Address (P.O. Box Number is Not Acceptable)
**13505 N.W. 6th Street
 #103
 City
 Pembroke Pines FL Zip Code
 33028**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P COLUCCI, THOMAS J		P Colucci, Thomas J
STREET ADDRESS	10219 GREENHOUSE RD	STREET ADDRESS	13505 N.W. 6th ST, #103
CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP	Pembroke Pines, FL 33028
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/02 954 435-1172