


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90159 004 ***150.00

0244671 AV

DOCUMENT # **P02000021945**

1. Entity Name
INTAVISION PRODUCTION CORP.



Principal Place of Business Mailing Address

2. Principal Place of Business
12000 BISCAYNE BLVD

Suite, Apt. #, etc.
SUITE 507

City & State
MIAMI FLORIDA

Zip
33181 Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3610901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GASTON FERNANDEZ
5503 NORTH MILITARY TRAIL #207
BOCA RATON FL 33496

7. Name and Address of New Registered Agent
Name
UGO V. CHIARATO
Street Address (P.O. Box)
CERTIFIED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE
12000 BISCAYNE BLVD., SUITE 507
City
MIAMI, FL 33181 FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ugo V. Chiarato* DATE **MARCH 21, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|---------------------------------|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT/D JULIAN E. FERNANDEZ VERON 12000 BISCAYNE BLVD #507 MIAMI FL 33181 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/T/D GASTON FERNANDEZ 12000 BISCAYNE BLVD #507 MIAMI FL 33181 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D SEBASTIAN EDUARDO FERNANDEZ 12000 BISCAYNE BLVD #507 MIAMI FL 33181 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ugo V. Chiarato* **FOA** **MARCH 21, 2003** **(305) 899 5099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)