


FILED
Jun 23, 2003 8:00 am
Secretary of State

05-08-2003 90169 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000068854	
1. Entity Name THROWN OUT PRODUCTIONS, INC.	

Principal Place of Business 107 S.W. 6TH STREET FORT LAUDERDALE FL 33301	Mailing Address 107 S.W. 6TH STREET FORT LAUDERDALE FL 33301
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55049401

2. Principal Place of Business 1750 S YOUNG CIR Suite, Apt. #, etc. 202 City & State HOLLYWOOD FL Zip 33020 Country USA	3. Mailing Address 1750 S. YOUNG CIR Suite, Apt. #, etc. 202 City & State HOLLYWOOD FL Zip 33020 Country USA
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☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent GITMAN, SIMONE 107 S.W. 6TH STREET FORT LAUDERDALE FL 33301	
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1750 S. YOUNG CIR SUITE 202 City HOLLYWOOD FL Zip Code 33020	
9. 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T GITMAN, SIMONE 107 S.W. 6TH STREET FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1750 S. YOUNG CIR STE 202 HOLLYWOOD FL 33020-6832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  REQUIRED	DATE 6/5/03 DAYTIME PHONE 954 929 7139

CR2E034 (10/02)