

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90368 012 ***150.00

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DOCUMENT # P02000076513

1. Entity Name
BLV PRODUCTIONS, INC.



Principal Place of Business
**19188 SW 26TH STREET
MIRAMAR FL 33029**

Mailing Address
**19188 SW 26TH STREET
MIRAMAR FL 33029**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0542820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUDARES, MARIELA O
19188 SW 26TH STREET
MIRAMAR FL 33029**

Name
MARIELA OSORIO
Street Address (P.O. Box Number is Not Acceptable)
19188 SW 26 ST

City
MIRAMAR FL Zip Code
33029

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

4/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** Delete
NAME **TUDARES, MARIELA O**
STREET ADDRESS **19188 SW 26TH STREET**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **D.** Change Addition
NAME **MARIELA OSORIO**
STREET ADDRESS **19188 SW 26 ST**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE **D** Delete
NAME **EPEL, MIRIAM L**
STREET ADDRESS **21023 N.E. 34TH PL**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D.** Change Addition
NAME **MIRIAM LEIDERMAN**
STREET ADDRESS **21023 NE 34 PL**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
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STREET ADDRESS
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TITLE Delete
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Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (954) 885-0979

Date Daytime Phone #

CR2E034 (10/02)