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

## May 05, 2003 8:00 am

			<del></del>	SULTUA	ny or State
DOCUMENT # P02000084536  1. Entity Name				05-05-2003 90235 018 ***150.00	
IMPERIUM PR	ODUCTIONS C	ORP.			
The second second second	The second second		The second secon		
DO N	OT WRITE	IN THIS SI	PACE		100121
20 g 45g				: XOI	108631
2. Principal Place of Business		3. Mailing Address		,	
MIAMI Suite, Apt. #, etc.		Suite, Apt. #, etc.		TOO NOT WRITE IN THIS SPACE	
12347 NW 7 LANE		12347 NW 7 LINE		DONOT WATER	THIS GENOL
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 11-3646176	Applied For Not Applicable
Zip 33182	Country USA	Zip 33182	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Service Complete to			ogen of Norma	7. Name and Address of Current Registered Agent	
			Name IBIS E	BRO	
	O NOT W		Street Address (	P.O. Box Number is Not Acceptable)	
	N THIS SP	ACE 12347 NW		7 LINE	
		the state of the s	City MIAMI		FL Zip Code 33182
The above named entity the obligations of regist		the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida	a. I am familiar with, and accept
are obligations of regist	-H	1.00			
SIGNATURE	This E				04/28/2003 DATE
January 1 M	or printed name of registered agent ar	io mo il approarite. (INU II	E: Registered Agent signature required	when musta(s.0).	UAIE
After May	1, Fee is \$550.00			Election Campaign Finance     Trust Fund Contribution.	ing \$5.00 May Be

OFFICERS AND DIRECTORS 10. TITLE ( ) TITLE: TITLE NAME Ibis Ebro STREET ADDRESS STREET ADDRESS 12347 NW 7 Line Miami, FL 33182 CITY ST-ZIP CITY-ST-ZIP TITLE : \* TITLE T/S NAME NAME Jorge Ebro STREET ADDRESS STREET ADDRESS 12347 NW 7 Line Miami, FL 33182 CFTY - ST-ZIP CITY-ST-ZP TITLE NAME STREET ADDRESS TITLE NAME Jeovanny Salamanca STREET ADDRESS 13677 SW 62 ST Apt-105 Miami, FL 33183 CITY-ST-ZIP TITLE HAMES 7 NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP., NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZP\* 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 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 on an attachment with an address, with ell oth<u>er lik</u>

SIGNATURE:

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

04/28/2003

Trust Fund Contribution.

305-559-5839

CR2E034B (12/02)

Date

Daytime Phone #