

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

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90170 010 ***150.00

DOCUMENT # P02000095112	
1. Entity Name TM PRODUCTIONS COMPANY	

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2. Principal Place of Business 1455 OCEAN DRIVE Suite, Apt. #, etc. APT. 1409 City & State MIAMI BEACH FL Zip Country 33139 USA	3. Mailing Address 1455 OCEAN DRIVE Suite, Apt. #, etc. APT. 1409 City & State MIAMI BEACH, FL Zip Country 33139FL USA
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4. FEI Number 56-2290359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name ARAZOZA & FERNANDEZ-FRAGA P.A. Street Address (P.O. Box Number is Not Acceptable) 2100 SALZEDO STREET, SUITE 300 City FL Zip Code CORAL GABLES FL 33134
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

TOMAS MUNOZ

04/29/03 305-672-5912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #