

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000114538

1. Entity Name

DC PRODUCTIONS, INC.

Principal Place of Business

**3450 BLUE LAKE DR. # 402
POMPANO BEACH FL 33064 US**

Mailing Address

**3450 BLUE LAKE DR. # 402
POMPANO BEACH FL 33064 US**

FILED

04 DEC 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

20-0302081

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHRISTINA, DEBORA
3450 BLUE LAKE DR. # 402
POMPANO BEACH FL 33064**

7. Name and Address of Now Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 may Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHRISTINA, DEBORA**
STREET ADDRESS **3450 BLUE LAKE DR. # 402**
CITY - ST - ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

Christina, Debora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/04 (954) 394-1008

Date Daytime Phone #

Pompano Beach, FL - November 11th, 2004

From: DC PRODUCTIONS, INC.
3450 BLUE LAKE DR. # 402
POMPANO BEACH, FL 33064

To: FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

DC PRODUCTIONS, INC.
Doc # P03000114538

Our corporation has its articles filed with Florida
department of State-Division of Corporation on 10/15/2003.
Unfortunately, we never received the first notice, of our 2004
UBR form; and we did not know that we must pay it annually.

As this happened against our will, we would like to ask you
please wave the Reinstatement Fee, as I am sending you the amount
of US\$ 150.00, plus the completed Form. I would like to ask you
to please consider this, and file these as soon as possible.

Once again, I would like to emphasize that my intentions is
to work in accordance with the State Laws, witch statutes I
respect and honor.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,


Debora Christina
President