

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000087892**1. Entity Name  
**BANANA REPUBLIC FILMS, INC.**

Principal Place of Business 5520 HAYES ST  HOLLYWOOD 33021	FL	Mailing Address P.O. BOX 931900  LOS ANGELES 90093	CA
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address 5520 HAYES ST  Suite, Apt. #, etc.
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City & State  HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33021	Country US

4. FEI Number  
**65-0456565**  
Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HERRENA      RAFAEL**  
5520 HAYES ST  
  
**HOLLYWOOD**  
33021  
  
**FL****7. Name and Address of New Registered Agent**Name  
**BOND IV      JOSEPH      CMR**  
Street Address (P.O. Box Number is Not Acceptable)  
5520 HAYES ST  
  
City  
**HOLLYWOOD**  
**FL** Zip Code  
33021

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 **JOSEPH C BOND IV****05/01/2001**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VSD BOND      JOSEPH      CIV P.O. BOX 931900 LOS ANGELES      CA      90093	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERRERA      RAFAEL      C 5520 HAYES ST HOLLYWOOD      FL      33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BOND      JOSEPH      CIV 5520 HAYES ST HOLLYWOOD      FL      33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERRERA      RAFAEL      CMR 5520 HAYES ST HOLLYWOOD      FL      33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 required 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: Joseph C. Bond IV****MR****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)