

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90001 005 ***150.00

DOCUMENT # P94000004164

1. Entity Name
HISTORY PRODUCTIONS, INC.

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 104 E. HIGHLAND AVE. ATLANTIC HIGHLANDS NJ 07716 | Mailing Address 104 E. HIGHLAND AVE. ATLANTIC HIGHLANDS NJ 07716-1521 |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

| | |
|--------------------------------------------------|--------------------------------------------------|
| 2. Principal Place of Business 1000 West Ave. | 3. Mailing Address Suite, Apt. #, etc. 916 |
| Suite, Apt. #, etc. | City & State Miami Beach |

| | | | |
|-----------------------------|----------------|-----------------------------|--------------------------------------------------------|
| City & State Miami Beach | City & State | 4. FEI Number 65-0469737 | Applied For <input type="checkbox"/> Not Applicable |
| Zip FL | Country USA | Zip 33139 | Country |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DRUCKER, ILANA D
1000 WEST AVENUE
SUITE 916
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name: **Ilana D Drucker**
 Street Address (P.O. Box Number is Not Acceptable)
1000 West Ave.
Ste. 916
 City: **miami Beach** **FL** Zip Code: **33139**

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: *Ilana D Drucker* **Ilana D Drucker** **3-18-00**
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, 2000 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 | V BEDFORD, JOSEPH 104 E HIGHLAND AVE ATLANTIC HIGHLANDS NJ | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KEHOE, MARY 104 E HIGHLANDS AVE ATLANTIC HIGHLANDS NJ | <input checked="" 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 | | <input 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 |

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: *Ilana D Drucker* **Ilana D Drucker** **3-18-00** **305-532-5376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)