2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90189 010 ***150.00

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DOCUMENT # P94000056608

1. Entity Name
IVM PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1801 COLLINS AVE. SUITE 442 MIAMI BEACH FL 33139	1801 COLLINS AVE. SUITE 442 MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
HACIENDA DR APT 1	321 190TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELLENVILLE NY.	City & State: SUNNY ISLES BCH. FL
Zip: 12428 Country: US.	Zip: 33160 Country: US.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0671233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INTEGRATED VIDEO MKTG
1801 COLLINS AVENUE, #442
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: ALEKS ROSENBERG
Street Address (P.O. Box Number is Not Acceptable): 321 190TH ST
City: SUNNY ISLES BCH. **FL** Zip Code: 33160

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: _____ ALEKS ROSENBERG 1/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSENBERG, ALEKS 17800 ATLANTIC BLVD., #610 SUNNY ISLES FL	☐ Delete		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #