

FILED

Jun 19, 2001 8:00 am
Secretary of State

05-16-2001 90251 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # D94000069105

1. Entity Name

TASMANIA PRODUCTIONS, INC. (L)

Principal Place of Business

Mailing Address

1611 EUCLID AVE
SUITE 31611 EUCLID AVE
#3

MIAMI BEACH FL 33139

MIAMI BEACH FL 33139

2. Principal Place of Business

1611 EUCLID AVE
Suite, Apt. #, etc.
#3

3. Mailing Address

1611 EUCLID AVE
Suite, Apt. #, etc.
#3

49099

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0525753

Applied For

Not Applicable

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

Zip

33139

Country

Zip

33139

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

TEDDI ALYCE SEGAL

Street Address (P.O. Box Number is Not Acceptable)

1611 EUCLID AVE #3

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
TEDDI ALYCE SEGAL
1611 EUCLID AVE #3
MIAMI BEACH FL
33139 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01 3059923852

Date

Daytime Phone #

CR2E034 (11/00)