

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000089121**1. Entity Name  
**PRIME MATE PRODUCTIONS, INC.**Principal Place of Business  
P.O. BOX 432736  
SOUTH MIAMI FL 33243 USMailing Address  
P.O. BOX 432736  
SOUTH MIAMI FL 33243 US2. Principal Place of Business  
P.O. BOX 4501573. Mailing Address  
P.O. BOX 450157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FLCity & State  
MIAMI FL4. FEI Number  
**65-0563939**Applied For  
Not ApplicableZip  
33245Country  
USZip  
33245Country  
US5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**NAPLES MICHELLE DVS  
6720 S.W. 63 AVENUESOUTH MIAMI FL  
33143 USName  
NAPLES MICHELLE DVSStreet Address (P.O. Box Number is Not Acceptable)  
P.O. BOX 450157City  
MIAMI FL Zip Code  
33245

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 \_\_\_\_\_ **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 PT ☐ Delete  
NAME MANUEL PILA  
STREET ADDRESS 8691 SW 32ND TERR  
CITY-ST-ZIP MIAMI FL 33155TITLE PT ☒ Change ☐ Addition  
NAME PILA MANUEL PT  
STREET ADDRESS P.O. BOX 450157  
CITY-ST-ZIP MIAMI FL 33245TITLE VS ☐ Delete  
NAME MICHELLE D. NAPLES  
STREET ADDRESS 6720 S.W. 63 AVENUE  
CITY-ST-ZIP SOUTH MIAMI FL 33143TITLE VS ☒ Change ☐ Addition  
NAME NAPLES MICHELLE DVS  
STREET ADDRESS P.O. BOX 450157  
CITY-ST-ZIP MIAMI FL 33145TITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: MICHELLE D. NAPLES****VS 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)