

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011275

1. Entity Name  
DREAD FOUNDATION PRODUCTION, CO.

**FILED**  
Aug 21, 2000 8:00 am  
Secretary of State

08-21-2000 90204 007 \*\*\*150.00

Principal Place of Business  
17230 NW 48TH PLACE  
MIAMI FL 33055

Mailing Address  
17230 NW 48TH PLACE  
MIAMI FL 33055

2. Principal Place of Business  
1339 71<sup>ST</sup> STREET  
Suite, Apt. #, etc.

3. Mailing Address  
1339 71<sup>ST</sup> STREET  
Suite, Apt. #, etc.

City & State  
Miami Beach, Florida  
Zip  
33141  
Country  
USA

City & State  
Miami Beach, Florida  
Zip  
33141  
Country  
USA

4. FEI Number 59-3317016

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, DONOVAN  
17230 NW 48TH PLACE  
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name DONOVAN PARKER  
Street Address (P.O. Box Number is Not Acceptable)  
1339 71<sup>ST</sup> STREET  
City Miami Beach FL Zip Code 33141

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 Donovan Parker  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/07/2000

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 \$550.00--**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00--**  
**Make Check Payable to Department of State**

Document (UBR) was filed prior  
10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution. ☐  
10 MAY 1, 2000

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PARKER, DONOVAN 17230 NW 48TH PLACE MIAMI FL 33055	<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
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	PRESIDENT/CEO DONOVAN PARKER 1339 71 <sup>ST</sup> STREET Miami Beach, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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: Donovan Parker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/2000 (305) 866-2996  
Date Daytime Phone #