

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90007 047 ***150.00

0842921 SP

DOCUMENT # P95000043203

1. Entity Name

ENTERTAINMENT PRODUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

~~6400 NE 4TH CT~~
~~4008~~
~~MIAMI FL 33138~~
~~US~~

~~6400 NE 6 CT~~
~~SUITE 4008~~
~~MIAMI FL 33138~~

2. Principal Place of Business

25 NE 62 Street

3. Mailing Address

25 NE 62 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33138

Country

Zip

33138

Country

4. FEI Number

65-0589873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, SIEGRID
461 N.E. 146TH TERR
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Siegrid Ferguson

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, 2002 Fee will be \$650.00
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	D	<input type="checkbox"/> Delete
NAME	FERGUSON, SIEGRID	
STREET ADDRESS	461 NW 146TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSADO, JACQUELINE M	
STREET ADDRESS	29 E. SHERIDAN ST #204	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PADDYFOOT, TANYA	
STREET ADDRESS	2335 SCOTT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO JACQUELINE M	
STREET ADDRESS	225 NE 23RD ST #1405	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	O/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAFAEL Niemtschik	
STREET ADDRESS	2450 NE 214 ST	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-4-02

Date

x(305)751-7900

Daytime Phone #

CR2E034 (9/01)