

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90104 030 ***150.00

DOCUMENT # P95000043203

1. Entity Name
ENTERTAINMENT PRODUCTION SERVICES, INC.



Principal Place of Business
25 NE 62 STREET
MIAMI FL 33138
US

Mailing Address
25 NE 62 STREET
MIAMI FL 33138
US



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business
25 NE 62ND ST
Suite, Apt. #, etc.
STE 2A

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami Florida
Zip
33138
Country
USA

City & State

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S. Ferguson*
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

1-16-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **FERGUSON, SIEGRID**
STREET ADDRESS **461 NW 146TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☒ **Delete**
NAME **ROSADO, JACQUELINE M**
STREET ADDRESS **225 NE 23RD ST #1405**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **DS** ☐ **Delete**
NAME **NIEMTSCHIK, RAFAEL**
STREET ADDRESS **2450 NE 214 ST**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME **Siegrid Ferguson**
STREET ADDRESS **1151 S.W. 87th Ave.**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ **Change** ☐ **Addition**
NAME **Stephanie Jones**
STREET ADDRESS **1151 S.W. 87th Ave.**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)