

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

0397969 AV

DOCUMENT # P95000086830

1. Entity Name  
SWIFT CURRENT PRODUCTIONS, INC.



05-05-2003 91781 011 \*\*\*150.00

Principal Place of Business 3601 N. DIXIE HWY. BAY #15 BOCA RATON FL 33431 US	Mailing Address 3601 N. DIXIE HWY. BAY #15 BOCA RATON FL 33431 US
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11031330



2. Principal Place of Business 2095 N. Andrews Ave. Suite, Apt. #, etc.	3. Mailing Address 2095 N. Andrews Ave. Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33069	Country Broward

4. FEI Number 65-0393378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CHLUSKI, JOHN W**  
3601 N. DIXIE HWY.  
BAY # 15  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent  
Name: **CHLUSKI, JOAN W.**  
Street Address (P.O. Box Number is Not Acceptable): **2095 N. ANDREWS AVE**  
City: **POMPANO BEACH** FL Zip Code: **33069**

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: *[Signature]* DATE: **4/30/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>CHLUSKI, JOHN W</b> <b>3601 N. DIXIE HWY., BAY #15</b> <b>BOCA RATON FL 33431</b>
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Chluski W</b> <b>2095 N. Andrews Avenue</b> <b>Pompano Beach, FL 33069</b>
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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/30/03**

Daytime Phone #: **954 582 4003**

CR2E034 (10/02)