2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P95000093480

Suite, Apt. #, etc.

City & State

Zip

1. Entity Name

FRAASA FILMS, INC.

Suite, Apt. #, etc.

-Fraasa, steve H -

City & State

Zip



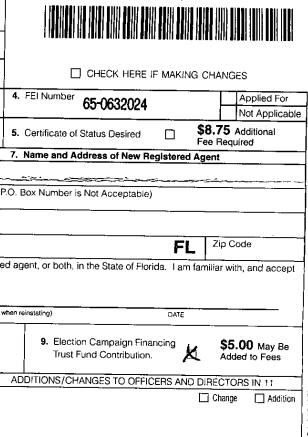
Principal Place of Business Mailing Address 6760 DOGWOOD DRIVE 6760 DOGWOOD DRIVE MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address

Country

6. Name and Address of Current Registered Agent

FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90052 044 ***155.00



4 6760 DOGWOOD DRIVE MIRAMAR FL 33023			Street Address (P.O. Box Number is Not Acceptable)				
,			City			Zip C	
8. The above the obligation	named entity submits this statement for the purplions of registered agent.	ose of changing its	s registered office o	r registered agent	t, or both, in the State of Florida. I	am familiar wi	th, and accept
SIGNATURE _	Signature, typed or printed name of registered agent and title if app	licable. (NOT	E: Registered Agent signat	ure required when reinst	ating) DA	re	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDI	TIONS/CHANGES TO OFFICERS A	ND DIRECTO	PRS IN 11
NAME STREET ADDRESS	D FRAASA, STEVE H 6760 DOGWOOD DRIVE MIRAMAR FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	
NAME STREET ADDRESS	V ARIAS, VICTORIA 6760 DOGWOOD DRIVE MIRAMAR FL	☐ Delete	NAMES STREET ADDRESS CITY-ST-ZIP	Victoria	4 Arias-Fraas	Change A	Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-SI-ZIP	,		Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,		Change	☐ Addition
TTLE AME TREET ADDRESS	rtify that the information supplied with this filing on this report or supplemental report is true and a	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

Country

Name

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

SIGNATURE:

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