

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90097 013 ***150.00

DOCUMENT # P960000011411. Entity Name
SAN MARINO PRODUCTIONS, INC.

Principal Place of Business

**707 S ESCONDIDO AV
#208
VISTA CA 92084
US**

Mailing Address

**707 SO ESCONDIDO AVE
SUITE 208
VISTA CA 92084
US**

2. Principal Place of Business

9191 TOWNE CENTRE DRIVE

3. Mailing Address

9191 TOWNE CENTRE DRIVE

Suite, Apt. #, etc.

#200-BOLT

Suite, Apt. #, etc.

#200-BOLT

City & State

SAN DIEGO, CA

City & State

SAN DIEGO, CA

Zip

92122

Country

USA

Zip

92122

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0650163**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

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 _____

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, 2001 Fee will be \$550.00
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** ☐ Delete
NAME **SALTZ, DAVID**
STREET ADDRESS **707 SO ESCONDIDO AVE, SUITE 208**
CITY-ST-ZIP **VISTA CA 92084**TITLE **S** ☐ Delete
NAME **SALTZ, THEODORE**
STREET ADDRESS **707 ESCONDIDO AVE., STE 208**
CITY-ST-ZIP **VISTA CA 92084**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9191 TOWNE CENTRE DRIVE #200-BOLT**
CITY-ST-ZIP **SAN DIEGO, CA 92122**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9191 TOWNE CENTRE DRIVE #200-BOLT**
CITY-ST-ZIP **SAN DIEGO, CA 92122**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)