

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000021613 1. Entity Name FILMATION PRODUCTIONS, INC.				 	
Principal Place of Business 20533 BISCAYNE BLVD. SUITE 4-257 AVENTURA, FL 33180 US		Mailing Address 20533 BISCAYNE BLVD. SUITE 4-257 AVENTURA, FL 33180 US			
2. Principal Place of Business 4228 Alton Rd Suite, Apt. #, etc. MIAMI BEACH, FL.		3. Mailing Address 4228 Alton Rd Suite, Apt. #, etc. MIAMI BEACH, FL.			
City & State City: Miami State: FL		City & State City: Miami State: FL			
Zip: 33140 Country: USA		Zip: 33140 Country: USA			
4. FEI Number 85-0873479				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCH, MARK 631 U.S. HWY. 1 SUITE 411 NORTH PALM BEACH, FL 33409			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 _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable. (NONE Registered Agent's signature required when submitting))					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FISCH, STEPHANIE ☐ Delete 20533 BISCAYNE BLVD., STE. 4-257 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V RIVERA, ISABEL ☐ Delete 20533 BISCAYNE BLVD., STE. 4-257 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P STEPHANIE FISCH ☒ Change ☐ Addition 4228 Alton Rd MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V RIVERA ISABEL ☒ Change ☐ Addition 4228 Alton Rd MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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: <u>Stephanie Fisch</u> <u>2/6/03</u> <u>305-9338349</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #					

CR/2003A (1/01/02)