

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90264 045 \*\*\*158.75

**DOCUMENT #** P96000025335 ✓  
**1. Entity Name**  
 EBERLE PRODUCTION SERVICES, IN

**Principal Place of Business**      **Mailing Address**  
 1134 REDWOOD ST.      3332 NE 38TH ST.  
 HOLLYWOOD, FL      FT. LAUDERDALE, FL  
 33019      33308-6439

**2. Principal Place of Business**      **3. Mailing Address**  
 1134 REDWOOD ST.      825 TUFTS AVE.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 HOLLYWOOD, FL      BURBANK, CA  
**Zip**      **Country**      **Zip**      **Country**  
 33019      USA      91504      USA

**4. FEI Number**      **Applied For**  
 65-0653760       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 EBERLE MARK  
 3332 NE. 38TH ST.  
 FT. LAUDERDALE, FL  
 33308

**7. Name and Address of New Registered Agent**  
**Name**      EBERLE MARK  
**Street Address (P.O. Box Number is Not Acceptable)**      1134 REDWOOD ST.  
**City**      HOLLYWOOD      **FL**      **Zip Code**      33019

**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]*      **DATE**      4/30/2001  
Signature of principal or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	P EBERLE MARK
<b>STREET ADDRESS</b>	3332 NE 38TH ST.
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE, FL 33308
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	✓ EBERLE BRIBETTE
<b>STREET ADDRESS</b>	3332 NE. 128TH ST.
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE, FL 33308
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	P EBERLE, MARK
<b>STREET ADDRESS</b>	1134 REDWOOD ST.
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33019
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	EBERLE, BRIBETTE
<b>STREET ADDRESS</b>	1134 REDWOOD ST.
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33019
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]*      **DATE**      4/30/2001      **Daytime Phone #**      888-273-4353  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)