

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA600000470189**

1. Entity Name
Popcorn Productions, Inc.

Principal Place of Business Mailing Address
**2101 BRICKELL AVE #321
MIAMI, FLA. 33129**

FILED
00 MAR 23 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0690181** Applied For
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
**EDMOND J. RYAN
2101 BRICKELL AVE #321
MIAMI, FLA 33129**

7. Name and Address of New Registered Agent

Name **EDMOND J. RYAN**

Street Address (P.O. Box Number is Not Acceptable)
2101 BRICKELL AVE #321

City **MIAMI** FL Zip Code **33129**

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 _____ (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.

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PRESIDENT | <input type="checkbox"/> Delete |
| NAME EDMOND J. RYAN | |
| STREET ADDRESS 2101 BRICKELL AVE #321 | |
| CITY-ST-ZIP MIAMI, FLA 33129 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 400003188504--5 |
| CITY-ST-ZIP | --03/28/00--01055--005 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | ***150.00 |
| CITY-ST-ZIP | ***150.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Edmond J. Ryan, Pres.** Date: **3/18/00** Daytime Phone #: **305-8570070**

CR2E034 (9/99)

KE