

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90081 026 \*\*\*158.75

**DOCUMENT # P96000070930**

1. Entity Name  
**AMAZONA PRODUCTIONS, INC.**

Principal Place of Business <b>% MITCHELL A. SILVER &amp; CO.          P.O. BOX 22-3592 2648 Wilson St.          HOLLYWOOD FL 33022-3592          US</b>	Mailing Address <b>% MITCHELL A. SILVER &amp; CO.          P.O. BOX 22-3592          HOLLYWOOD FL 33022-3592          US</b>
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2. Principal Place of Business <b>2648 Wilson St</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hollywood</b>	City & State
Zip <b>FL</b>	Country <b>Broward</b>

4. FEI Number <b>65-0706078</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**AMELLER, THIERRY**  
*c/o* **MITCHELL A. SILVER, EA**  
**2648 WILSON STREET**  
**HOLLYWOOD, FL**  
**33020-1953**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. Signature of Registered Agent  
 Signature: *Thierry Ameller* DATE: 4/18/00  
 (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, 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>AMELLER, THIERRY</b>	<i>c/o M.A. Silver</i>
STREET ADDRESS <b>5900 JOHNSON ST</b>	<i>2648 Wilson St</i>
CITY-ST-ZIP <b>HOLLYWOOD FL 33021-5638</b>	<i>Hollywood FL 33021-5638</i>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Thierry Ameller* DATE: 4/18/00 DAYTIME PHONE #: (954) 922-0886  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)