

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-14-2002 90362 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079123
 1. Entity Name
OSCAR POOTE PRODUCTIONS OPP INC

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93099

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2. Principal Place of Business <u>1500 NW 25 ST</u> Suite, Apt. # etc. <u>202</u> City & State <u>Miami FL</u> Zip <u>33122</u> Country <u>USA</u>	3. Mailing Address <u>7500 NW 25 ST</u> Suite, Apt. # etc. <u>202</u> City & State <u>Miami FL</u> Zip <u>33122</u> Country <u>USA</u>
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4. FEI Number <u>65-0699479</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>SATOOR JOSE E.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3501 SW 2nd Ave Suite 2500</u>	
City <u>GAPNESVILLE</u>	FL Zip Code <u>32607</u>

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 Oswaldo Poote Oswaldo Poote 04/20/02
Signature, typed or printed name of registered agent and date 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)
 January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$50.00
 Amended UBR is \$61.25
 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 <u>President</u> NAME <u>Oswaldo Poote</u> STREET ADDRESS <u>7500 NW 25 ST Suite 202</u> CITY-ST-ZIP <u>Miami FL 33122</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.
 SIGNATURE: Oswaldo Poote Oswaldo Poote 04/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/01)