FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90253 028 ***150.00

FROM :

FAX NO. :

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085986

1. Entity Name
B.A.T. Productions, Inc.

DO NOT WRITE IN THIS SPACE

60035634

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2. Principal Place of Business: 3389 Sheridan Street
Suite, Apt. #, etc: #139
City & State: Hollywood FL
Zip: 33021 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0706731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name: Guy C Silla
Street Address (P.O. Box Number is Not Acceptable): 3389 Sheridan St #139
City: Hollywood FL Zip Code: 33021

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 ______ DATE ______
Signature, typed 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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	P
NAME	Guy C Silla
STREET ADDRESS	3389 Sheridan St #139
CITY-ST-ZIP	Hollywood FL 33021
TITLE	
NAME	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 5.1.08 954.925.7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #