

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086936 (7)

1. Corporation Name
U R THERE PRODUCTIONS, INC.



Principal Place of Business
1600 S.E. 17TH ST.
SUITE 300
FORT LAUDERDALE FL 33316

Mailing Address
1600 S.E. 17TH ST.
SUITE 300
FORT LAUDERDALE FL 33316-1717

3. Date Incorporated or Qualified
10/22/1996

3a. Date of Last Report
NA

2. Principal Place of Business

21 700 E. DANIA BEACH BLVD.

Suite, Apt. #, etc.

22 #202

City & State

23 DANIA, FL

Zip

24 33004

Country

25 USA

2a. Mailing Address

26 1323 SE. 17TH STREET

Suite, Apt. #, etc.

27 Suite #308

City & State

28 FT. LAUDERDALE, FL

Zip

29 33316

Country

30 USA

4. FEI Number

65-0733673

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

HATCH, IRA C
1600 S.E. 17TH ST.
SUITE 300
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
MARTIN SHANE VOLLAND
82 Street Address (P.O. Box Number is Not Acceptable)
550 SE 13TH STREET
83 APT. 202
84 City
DANIA
85 Zip Code
33004

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Martin Shane Volland

MARTIN SHANE VOLLAND

Vice President 4/23/97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/> DELETE
NAME	BRAD NOLAN	
STREET ADDRESS	1323 S.E. 17TH STREET, SUITE #308	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	VICE PRESIDENT - TREASURER	<input type="checkbox"/> DELETE
NAME	MARTIN SHANE VOLLAND	
STREET ADDRESS	550 SE 13TH STREET, APT. 202	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33004	
TITLE	VICE PRESIDENT -	<input type="checkbox"/> DELETE
NAME	JOHN STRICKER	
STREET ADDRESS	23918 LAWRENCE RD.	
CITY-ST-ZIP	HAVARD, IL 60033	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Martin Shane Volland

4/23/97

954/020/15210

CR2E034 (9/96)