

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086936

1. Entity Name  
U R THERE PRODUCTIONS, INC.

Principal Place of Business

700 E. DANIA BCH BLVD  
SUITE 200  
DANIA FL 33004  
US

Mailing Address

1323 SE 17TH ST  
STE #308  
FORT LAUDERDALE FL 33316  
US

2. Principal Place of Business

21 NW 5<sup>th</sup> Street

3. Mailing Address

21 NW 5<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301 Broward

Zip

33301 Broward

6. Name and Address of Current Registered Agent

NOLAN, BRAD  
1323 S.E. 17TH STREET, STE. 308  
FORT LAUDERDALE FL 33316

4. FEI Number

65-0733673

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/22/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
NAME NOLAN, BRAD  
STREET ADDRESS 1323 SE 17TH ST STE 308  
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
01 NOV 21 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0065419 AV

CR2E034 (5/01)

REINSTATEMENT

100004717401--5  
-12/10/01--01111--011

\*\*\*750.00 \*\*\*750.00

☐ Change ☐ Addition