

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90007 029 ***150.00

DOCUMENT # P96000086936

1. Entity Name

U R THERE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

~~21 N.W. 5TH STREET~~
~~FT. LAUDERDALE FL 33301~~
 US

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

2. Principal Place of Business

3. Mailing Address

17 NW 5TH STREET
 Suite, Apt. #, etc.

17 NW 5TH STREET
 Suite, Apt. #, etc.

City & State

Ft. Lauderdale

Zip

33301

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

4. FEI Number

65-0733673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

NOLAN, BRAD

~~1323 S.E. 17TH STREET, STE 308~~ 17 NW 5TH STREET
 FORT LAUDERDALE FL ~~33316~~ 33301

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME NOLAN, BRAD
 STREET ADDRESS ~~1323 SE 17TH ST STE 308~~ 17 NW 5TH ST
 CITY-ST-ZIP FT LAUDERDALE FL, 33301

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)