## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P97000029721 1. Entity Name 05-17-2001 90403 009 \*\*\*150.00 PIRATE VIDEO PRODUCTIONS, INC. Principal Place of Business Mailing Address POST OFFICE BOX 816866 POST OFFICE BOX 816866 657442 HOLLYWOOD FL 33081 HOLLYWOOD FL 33081 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0749060 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AUSCHER JEFFREY RAUSCHER, JEFFREY L (P.O. Box Number is Not Acceptable) Street Address **500 NE 2ND STREET** DANIA FL 33004 City LAUDERDALE 8. The above named entity anomits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE inted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE RAUSCHER, JEFFREY L NAME NAME STREET ADDRESS **500 NE 2ND STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 ☐ Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ 'Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED