

FROM : JULIO E FENANDEZ PA

PHONE NO. : 305 448 5182

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91903 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000046470

1. Entity Name
GOLD TEAM PRODUCTIONS, INC.

Principal Place of Business: 10032 NW 52 TERRACE MIAMI, FL 33178 US
Mailing Address: 10032 NW 52 TERRACE MIAMI, FL 33178 US
4556 NW 104 Ave Miami, FL 33178

2. Principal Place of Business: *4556 NW 104 Ave Miami, FL*
3. Mailing Address: *4556 NW 104 Ave Miami, FL 33178*

4. FEI Number: **65-0770719** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **LUIS A DONADIO**, 10032 NW 52ND TERR MIAMI, FL 33178
7. Name and Address of New Registered Agent: **NICOLAS D. DONADIO**, 4556 NW 104 Ave Miami, FL 33178

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *[Signature]* DATE: **4/30/03**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: DONADIO, LUIS ANGEL STREET ADDRESS: 10032 NW 52 TERRACE CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: CHANGE NAME: NICOLAS DE MIAMI DONADIO STREET ADDRESS: 4556 NW 104 Ave CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/30/03** PHONE: **305-5977160**

CH2E034 (10/02)