FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90738 033 ***150.00

DOCUMENT # P97000049935

1. Entity Name
CHUB CAY PRODUCTIONS, INC.

B0123413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6301 COLLINS AVE	6301 COLLINS AVE
Suite, Apt. #, etc. 2604	Suite, Apt. #, etc. 2604
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33141 Country USA	Zip 33141 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0758825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FISCHER, MORGAN M.

Street Address (P.O. Box Number is Not Acceptable) 6301 COLLINS AVE 2604

City MIAMI BEACH FL Zip Code 33141

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MORGAN M. FISCHER 6301 COLLINS AVE 2604 MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/30/02 305-519-4373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — MORGAN M. FISCHER — Date — Daytime Phone #