

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90203 021 ***150.00

DOCUMENT # P97000074063

1. Corporation Name
BLACK BOX PRODUCTIONS, INC.



Principal Place of Business
10730 NW 66TH ST
514A
MIAMI FL 33178
US

Mailing Address
10730 NW 66TH ST
514A
MIAMI FL 33178
US

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|---------------------|---|--|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 | 26 | 08/26/1997 | 65-0777368 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 | 27 | <input type="checkbox"/> | | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 23 | 28 | Trust Fund Contribution | <input type="checkbox"/> | |
| Zip | Zip | 7. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 29 | | | |

9. Name and Address of Current Registered Agent

SUAREZ, PATRICIA SR.
7200 N.W. 19 STREET
STE 510
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
Alexandra Suarez
82 Street Address (P.O. Box Number is Not Acceptable)
10730 N.W. 66th Street # 514
83
84 City
Miami FL 85 Zip Code
33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|------------------------------|
| TITLE | DP | 1.1 TITLE | DP |
| NAME | SUAREZ, PATRICIO SR. | 1.2 NAME | Suarez, Patricio Jr. |
| STREET ADDRESS | 2403 SOUTH MIAMI AVENUE | 1.3 STREET ADDRESS | 10730 N.W. 66th Street # 514 |
| CITY-ST-ZIP | MIAMI FL 33129 | 1.4 CITY-ST-ZIP | Miami, FL 33178 |
| TITLE | DP | 2.1 TITLE | DVP |
| NAME | SUAREZ, PATRICIO JR. | 2.2 NAME | Suarez, Patricio Sr. |
| STREET ADDRESS | 2403 SOUTH MIAMI AVENUE | 2.3 STREET ADDRESS | 6761 N.W. 112th Ave |
| CITY-ST-ZIP | MIAMI FL 33129 | 2.4 CITY-ST-ZIP | Miami, FL 33178 |
| TITLE | DS | 3.1 TITLE | DS |
| NAME | SUAREZ, AMALIA | 3.2 NAME | Amalia Suarez |
| STREET ADDRESS | 2403 SOUTH MIAMI AVENUE | 3.3 STREET ADDRESS | 6761 N.W. 112th Ave |
| CITY-ST-ZIP | MIAMI FL 33129 | 3.4 CITY-ST-ZIP | Miami, FL 33178 |
| TITLE | | 4.1 TITLE | DT |
| NAME | | 4.2 NAME | Alexandra Suarez |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 10730 N.W. 66th Street #514 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Miami, FL 33178 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4/30/99 (305) 994-7786
Date Daytime Phone #

CR2E034 (11/98)

0257159