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

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P910000 04-20-2004 90031 027 \*\*\*150.00 CTL PRODUCTIONS, Juc. DO NOT WRITE IN THIS SPACE 44031723 2. Principal Place of Business 3. Mailing Address 1090 WINDERMERE WAY 1090 WINDERMERE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For VERO BEACH, FLORIDA VERD BEACH, FL. 65-0791547 Not Applicable 3276 <u>3</u> \$8.75 Additional 5. Certificate of Status Desired 32963 Fee Required 7. Name and Address of Current Registered Agent MARÍA NIGH DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE WINDERMERE WAY BEACH 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. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. CR2E034B (12/02) TITE MARIA NIGH 1090 WINSERMERE NÅME 🖟 T ADDRESS STREET ADDRESS VERO BEACH, FL- 32963 ST-ZIP CITY, ST-ZIP NAME STREE HADDRESS STREET ADDRESS CITY-SDEZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or on an

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april, 12,04-772-231-6233

IN THIS SPACE

FILED