

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90385 029 ***150.00

DOCUMENT # P97000099875

1. Entity Name
KELLER MONASH PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**PMB 272
 7491-C5 N FEDERAL HWY
 BOCA RATON FL 33487
 US**

**PMB 272
 7491-C5 N FEDERAL HWY
 BOCA RATON FL 33487
 US**

0056372



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**PMB 106
 Suite, Apt. #, etc.
 7491-C5 N. FEDERAL HWY.**

**PMB 106
 Suite, Apt. #, etc.
 7491-C5 N. FEDERAL HWY.**

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

4. FEI Number **65-0802817**

Applied For
 Not Applicable

Zip **33487**

Country **USA**

Zip **33487**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCARTHY, WILLIAM
 200 EAST PALMETTO PARK ROAD
 SUITE 101
 BOCA RATON FL 33432**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLER, MARK	
STREET ADDRESS	PMB 272 7491-C5 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAMBELLO, MICHAEL	
STREET ADDRESS	321 SUNSET DR., #5	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEW PMB # - 106!	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Steven Keller **MARK STEVEN KELLER** 954-275-9313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **APRIL 25, 2001** Daytime Phone #

CR2E034 (10/00)