

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90193 012 ***150.00

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

80120589

DOCUMENT # P97000101038			
1. Entity Name MAMA CLOWN SILLY FARM PRODUCTS, INC.			
Principal Place of Business 2412 TYLER STREET HOLLYWOOD, FL 33020		Mailing Address 2412 TYLER STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business 2142 TYLER ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33020		Country USA	
4. FEI Number 65-0815674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent MURAD, MARCELA 230 14TH AVENUE HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name MARCELA MURAD Street Address (P.O. Box number is Not Acceptable) 230 B. 14th Avenue City HOLLYWOOD, FL Zip Code 33020	
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 obligation of, registered agent. SIGNATURE <u><i>Mane</i></u> DATE <u>5/19/03</u> <small>Signature, typed or printed name of registered agent and date if not CAUSE (NOTE: Registered Agent's signature required when re-appointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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)(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 president 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 duly empowered.			
SIGNATURE: <u><i>Patricia Merino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		Date <u>5/19/03</u> <small>Date</small>	

CH2E034 (10/02)

Attachment#
80120589
89700010138

SILLY FARM PRODUCTS
FACE PAINTING INTERNATIONAL MAGAZINE
2142 TYLER STREET - Hollywood, FL 33020

May 19 2003

Florida Dept of State
Division of corporations
P. O Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed our Uniform Business Report and our check for \$150.00.

Please note that the address on the top is incorrect, therefore we never received our filing documentation. The only reason I came across the information is because I happened to come across a form that was filed last June.

Please correct the information so in the future we may get our forms in a timely manner. We are a very small business and can not afford to pay late fees.

Thank you for your attention,


Patricia Merino
Office Administrator