## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P97000104933** Mar 20, 2000 8:00 am 1. Entity Name Secretary of State BROADCASTING VIDEO PRODUCTION, INC. 03-20-2000 90064 036 \*\*\*150.00 Principal Place of Business Mailing Address 7912 SW 148TH AVE 7912 SW 148TH AVE MIAMI FL 33193 MIAMI FL 33193-1104 2. Principal Place of Business 3. Mailing Address 5545 SW 851 5545 SW Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. 107 107 City & State City & State 4. FEI Number Applied For 65-0800911 FLONIDA MIAMI. MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DADO: Fee Required 33*13*4 DA-DE . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANIOS ROBERTO GREISBACH RIBETTO CARLOS ROBERTO GREISBACH RIBEIRO Street Address (P.O. Box Number is Not Acceptable) 7912 SW 148TH AVE **MIAMI FL 33193** 5545 SW 8 ST #107 Zip Code 33/34 FL 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 Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. > OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition CARLOS ROBERTO GRIESBACH RIBEIRO NAME NAME STREET ADDRESS STREET ADDRESS 7912 SW 148TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Addition ☐ Delete TITLE ☐ Change TITLE RIBEIRO, MARCELLO MONTE NAMÉ NAME STREET ADDRESS STREET ADDRESS 7912 SW 148TH AVE CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33193** Change Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #