## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90043 009 \*\*\*150.00

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| DOCUMENT # P97000   | 0104933   |
|---|---|
| BROAD CASTING V   | DEO PRODUCTION, INC.                              |
| Principal Place of Business 8239 SW 107 AVE #18 MIAMI, FL 33173 | Malling Address 8239 SW 10+AVE #B MIAMI, FL 33173 |
| 2. Principal Place of Business                                  | 3. Mailing Address                                |

| WE REFLADORESS PARTY OF A VE # B STREET ADDRESS STR | 2. Principal F                          | Place of Busin         | oes   | 3. Mailing Addr              | ess                        |  |              |                            |           |              |            |
|--|---|------------------------|---|------------------------------|----------------------------|--|--------------|----------------------------|-----------|--------------|------------|
| Zo Country Zb Country S. Cartificate of Status Desired Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address (P.O. Box Number is Not Acceptable)  ### CAR Los Roberto CREISBACH RIBERO  ### FL Zip Code.  **The above named entity submits this statement for the purpose of changing its registered agent, or both. in the State of Florida.  ### CAR Los Roberto Status Indiana Indian | Suite, Apt. #, etc. Suite, Apt. #, etc. |                        | etc.  |                              | DO NOT WRITE IN THIS SPACE |  |              | S SPACE                    |           |              |            |
| E. Name and Address of Current Registered Agent  CAR LOS ROBERTO CREISBACH RIBEIRO  8239 SW 10-7 AVE #B  HIRMI, FL 33173  City FL Zip Code.  The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  IGNATURE Little Milliam is eligible to sailely to Inlangible Intelligence of the Code | City & State City & State               |                        |   | _ <del></del> _              |                            | 4. FI  |              |                            |           |              |            |
| CARLOS ROBERTO CREISBACH RIBEIRO  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  City  FL Zip Code  City  City  FL Zip Code  City  City  City  FL Zip Code  City  City  City  City  FL Zip Code  City  Ci | Zip Country Zip Cour                    |                        |   | untry                        | 5. C                       | 5. Cartificate of Status Desired   \$8.75 Additional |              |                            |           |              |            |
| CARLOS ROBERTO CREISBACH RIBEIRO  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  City  City  City  City  FL Zip Code  City  City  City  City  City  FL Zip Code  City   |   | 6. Name                | and Address of Cur                            | ent Registered Agent         |                            | T  | 7. N         | ame and Address of New R   | egisterec | Agent        |            |
| The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  IGNATURE   |   | ARLOS                  | ROBERTO C                                     | SLEISBACH I                  |                            | <u></u>  | ess (P.O. Bo | x Number is Not Acceptable | )         |              |            |
| IGNATURE    Separation   Special privated regiment of programed of part and the sit agreement of | <u>/</u>                                | HAMI,                  | FL 33.  | 173                          |                            |  |              | <del></del>                |           | Zip Cod      | 9)         |
| Tax fling equirement and elects to do so.  (See criteria on back)    Tax fling equirement and elects to do so.   Check Payable to Department of State   Trust Fund Contribution.   Added to Fees   |   | Seur                   | la llobri                                     | Hiriesla                     | eh Mbei                    | ee .   |              |                            |           | 08-02        |            |
| THE MARE TREET ADDRESS CHES BACH RIBETICO GRIES GRIES BACH RIBETICO GRIES  | Tax filing g                            | equirement an          | d elects to do so.                            | After M                      | AY 1, 2001 Fe              | a will be \$550.                                     | 00           |                            |           |              |            |
| WE RET ADDRESS PL 107 AVE #B PL Delete  RET ADDRESS -ST-ZIP  UAR CPRIOR ROBERTO GRIES BACH RIBETICO PL 39 SW 107 AVE #B PL Delete  TITLE NAME STRET ADDRESS -ST-ZIP  Delete  | i.                                      |                        | OFFICERS A                                    | ND DIRECTORS                 | 12                         |  | ADD          | ITIONS/CHANGES TO OFFI     | CERS AN   | D DIRECTOR   | S IN 11    |
| Delete   PD   Delete   TITLE     Change   Addition      | NATE REET ADDRESS                       | CARLO<br>8239          | SW 1074                                       | GRIESBACH RI<br>VE #B        | BEIRO NA                   | ME<br>REET ADDRESS                                   |              |                            |           | Change       | Addition   |
| LE Change   Addition   Change   Change   Change   Addition   Change    | ME<br>REET ADDRESS                      | WP D<br>RIBEIA<br>8239 | O. MARCEL<br>SW 107 A                         | DO<br>LO MONTEIRO<br>ENE 4 B | NA<br>STF                  | ME<br>REET ADDRESS                                   |              |                            |           | ☐ Change     | Addition   |
| HAME STREET ADDRESS -ST-ZIP  Delete TITLE NAME STREET ADDRESS -ST-ZIP  Delete TITLE NAME STREET ADDRESS -ST-ZIP  Delete TITLE NAME STREET ADDRESS -STREET ADDRESS  | AE<br>EET ADDRESS                       |                        | <u>, , , , , , , , , , , , , , , , , , , </u> |                              | NAJ<br>STI                 | NE ADORESS   | <del></del>  |                            |           | ☐ Change     | Addition   |
| ET ADDRESS ST-ZIP  Delete  TITLE HAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | :<br>Let address                        |                        |   | □ 0€                         | NAJ<br>Str                 | NE<br>BEET ADORESS                                   |              |                            |           | ☐ Change     | ☐ Addition |
| T ADDRESS STREET ADDRESS   |   | *                      |   | □ De                         | NAA<br>Str                 | AE<br>EET ADORESS                                    | <del></del>  |                            |           | Change       | Addition   |
|  | IT ADDRESS                              | 3                      |   | □ De                         | NAA.<br>Siri               | AE<br>EET ADORESS                                    |              |                            | ٠         | - Change - 4 | Addition   |

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.

NAME OF SIGNING OFFICER OR DIRECTOR

03-08-02

Destino Phone •