

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90022 033 \*\*\*150.00

**DOCUMENT # P98000014241**  
 1. Entity Name  
**ULTRA PRODUCTIONS, INC.**

Principal Place of Business <b>1575 NW 14 ST MIAMI FL 33125</b>	Mailing Address <b>1575 NW 14 ST MIAMI FL 33125</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1000 N.W. 14th Street</b>	Mailing Address <b>1000 N.W. 14th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33136-2105</b>	Country

4. FEI Number <b>65-0896945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

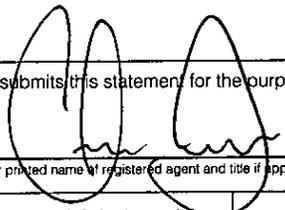
6. Name and Address of Current Registered Agent

**FAIBISCH, RUSSELL C**  
**1575 NW 14 ST**  
**MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1000 NW 14th Street**  
 City  
**Miami** FL Zip Code  
**33136**

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 **4/25/01**

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)

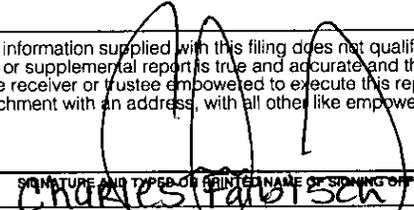
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE <b>PD</b>	NAME <b>FARBUSH, RUSSELL</b>	<input type="checkbox"/>
STREET ADDRESS <b>1675 NW 14TH ST</b>	CITY-ST-ZIP <b>MIAMI FL 33125</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <b>VP</b>	NAME <b>Faibisch, Russell</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>1000 N.W. 14th Street</b>	CITY-ST-ZIP <b>Miami, Florida 33136</b>		
TITLE <b>VP</b>	NAME <b>Faibisch, Charles</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>1000 NW 14th Street</b>	CITY-ST-ZIP <b>Miami FL 33136</b>		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
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:  DATE **4/25/2001** (305)381-7043

Signature and typed or printed name of signing officer or director

CR2E034 (10/00)