

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90202 013 ***150.00

DOCUMENT # P98000031030

1. Entity Name
PRYSM PRODUCTIONS LIMITED, INC.

Principal Place of Business

2210 N 26TH AVE
 HOLLYWOOD FL 33020

Mailing Address

2210 N 26TH AVE
 HOLLYWOOD FL 33020

2. Principal Place of Business

6401 BRANDYWINE DR.
 Suite, Apt. #, etc.

3. Mailing Address

6401 BRANDYWINE DR. N.
 Suite, Apt. #, etc.

City & State

MARGATE FL.

City & State

MARGATE FL.

4. FEI Number

65-0827397

Applied For

Not Applicable

Zip

Country

33063

BROWARD

Zip

Country

33063

BROWARD

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KENT, NORMAN ELLIOTT
800 E BROWARD BLVD
SUITE 310
FT LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PTD** ☐ Delete
 NAME **KORSI, LAWRENCE**
 STREET ADDRESS **2210 N 26TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **LAWRENCE, KORSI**
 STREET ADDRESS **6401 BRANDYWINE DR. N.**
 CITY-ST-ZIP **MARGATE FL. 33063**

TITLE **D** ☐ Delete
 NAME **KORSI, PAUL**
 STREET ADDRESS **2210 N 26TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **KORSI, RUTH**
 STREET ADDRESS **2210 N 26TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
 Date

558-8159
 Daytime Phone #

CR2E034 (10/00)