2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90176 050 ***150.00

DOCUMENT # P98000032068

1. Entity Name
RAYS PRODUCTIONS INC.

Principal Place of Business	Mailing Address
1607 NE 105 ST MIAMI BEACH FL 33138	P.O. BOX 1721 MIAMI BEACH FL 33119

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
135 OCEAN DR		P.O. BOX 191721	
Suite, Apt. #, etc. # 704		Suite, Apt. #, etc.	
City & State MIAMI Beach FL		City & State MIAMI BEACH FL.	
Zip 33139	Country USA	Zip 33139	Country U.S.A.

4. FEI Number 65-0811341 ☐ Applied For ☐ Not Applicable

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
SYLVIA, RAYMOND C 818 W VOORHIS AVE DELAND FL 32720	Name Sylvia, RAYMOND C. Street Address (P.O. Box Number is Not Acceptable) 135 OCEAN DR #704 City MIAMI BEACH **FL** Zip Code 33139

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 obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **$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	D SYLVIA, RAYMOND C 818 W VOORHIS AVE DELAND FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sylvia, RAYMOND C. 135 OCEAN DR #704 MIAMI BEACH FL. 33139	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 receiver 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-15-2002 305.613.2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #