

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000040551

1. Corporation Name
UBI FILM PRODUCTION INC.

Principal Place of Business
1611 S.W. 125TH COURT
MIAMI FL 33175

Mailing Address
1611 S.W. 125TH COURT
MIAMI FL 33175

FILED

03-31-1999 90048 037 ***158.75

99 APR 21 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

65-0865949

Applied For

Not Applicable

6. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

8. Election/Campaign Financing
Trust Fund Contribution

☐

\$5.00-May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JULIA ROBERT JAMES
901 PONCE DE LEON BOULEVARD
SUITE 304
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name *Elbaldo Medina*
82 Street Address (P.O. Box Number is Not Acceptable)
1611 SW 125 Ct.
83
84 City *Miami* FL 85 Zip Code *33175*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Elbaldo Medina*

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

(NOTE: Registered Agent signature required when re-registering)

DATE *4/17/99*

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	<i>PSTd</i>
STREET ADDRESS	<i>Elbaldo Medina</i>
CITY-ST-ZIP	<i>1611 SW 125 Ct. Miami, FL 33175</i>
TITLE	☐ DELETE
NAME	<i>Vd</i>
STREET ADDRESS	<i>Elmit Medina</i>
CITY-ST-ZIP	<i>1611 SW 125 Ct. Miami, FL 33175</i>
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or by an attachment with an address, with all other like empowered.

SIGNATURE: *X Elbaldo Medina*

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

3.22.99

Date

(305) 225-1416

Daytime Phone #

CR2E034 (11/98)