

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

AMENDED

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 26 PM 12:33

DOCUMENT # P98000040551

1. Corporation Name

UBI FILM PRODUCTION, INC.

Principal Place of Business

1611 SW 125<sup>th</sup> COURT  
MIAMI, FL 33175

Mailing Address

1611 SW 125<sup>th</sup> COURT  
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0865949

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. 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

UBALDO MEDINA  
1611 SW 125<sup>th</sup> COURT  
MIAMI, FL 33175

10. Name and Address of New Registered Agent

81 Name

ELINET MEDINA

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

1611 SW 125<sup>th</sup> COURT

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

E Medina

08.09.99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD.	<input checked="" type="checkbox"/> DELETE
NAME	UBALDO MEDINA	
STREET ADDRESS	1611 SW 125 COURT	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	VPSTD.	<input checked="" type="checkbox"/> DELETE
NAME	ELINET MEDINA	
STREET ADDRESS	1611 SW 125 COURT	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELINET MEDINA	
1.3 STREET ADDRESS	1611 SW 125 COURT	
1.4 CITY-ST-ZIP	MIAMI, FL 33175	
2.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELINET MEDINA	
2.3 STREET ADDRESS	1611 SW 125 COURT	
2.4 CITY-ST-ZIP	MIAMI, FL 33175	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002974639--4	
3.3 STREET ADDRESS	-08/31/99--01037--015	
3.4 CITY-ST-ZIP	*****70.00 *****70.00	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

E Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.24.99 (305) 477-9004 x.17

Date

Daytime Phone #

CR2E034 (11/98)