

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048026

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90168 018 \*\*\*150.00

1. Entity Name

~~INTELCOMM COMMUNICATIONS, INC.~~

Margate Productions, Inc.

Principal Place of Business

Mailing Address

19151 SW 54 PL  
 FT LAUDERDALE FL 33332

265 SUNRISE AVE  
 STE 204  
 PALM BEACH FL 33480-3812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

265 Sunrise Ave.  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204  
 City & State  
 Palm Beach FL

City & State

4. FEI Number **65-0844189**

Applied For  
 Not Applicable

Zip  
 33480 Country  
 USA

Zip

Country

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

MINTMIRE, DONALD F  
 265 SUNRISE AVENUE  
 SUITE 204  
 PALM BEACH FL 33480

Name

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

City

**FL**

Zip Code

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	SELF, MICHAEL R	
STREET ADDRESS	19151 SW 54 PL	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROUTHAMEL, JOHN E	
STREET ADDRESS	19151 SW 54 PL	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SACKHEIM, ANDY J	
STREET ADDRESS	19151 SW 54 PL	
CITY-ST-ZIP	FT LAUDERDALE FL 33332	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sammy Peroulas, PSTD	
STREET ADDRESS	265 Sunrise Avenue Suite 204	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald F. Mintmire* Counsel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2000

Date

Daytime Phone #

561-  
 638-5296

CR2E034 (9/99)