

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90214 042 \*\*\*150.00

**DOCUMENT # P98000059134**

1. Entity Name  
**AYASA VIDEO PRODUCTIONS, INC.**



Principal Place of Business  
**8323 BOCA GLADES BLVD EAST  
BOCA RATON FL 33434**

Mailing Address  
**8323 BOCA GLADES BLVD EAST  
BOCA RATON FL 33434**



2. Principal Place of Business

3. Mailing Address

**1913 NW 49th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**COCONUT CREEK**

City & State

City & State

**FL 33063**

4. FEI Number

**65-0676375**

Applied For

Not Applicable

Zip

Country

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

**MARONIAN, BARRET  
8323 BOCA GLADES BOULEVARD EAST  
BOCA RATON FL 33434**

Name **MAARONIAN, BARRET**

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

**1913 NW 49th Ave**

**COCONUT CREEK, FL 33063**

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. 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	<b>0</b>	<input type="checkbox"/> Delete
NAME	<b>MARONIAN, BARRET</b>	
STREET ADDRESS	<b>8323 BOCA GLADES BOULEVARD EAST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>0</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAARONIAN, BARRET</b>	
STREET ADDRESS	<b>1913 NW 49th Ave.</b>	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33063</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/03**

Date

Daytime Phone #

CR2E034 (10/02)