

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90181 039 ***150.00

DOCUMENT # P98000062855

1. Entity Name
FIREWORKS/MOTION MEDIA, INC.

Principal Place of Business

3200 PONCE DE LEON BLVD
 CORAL GABLES FL 33134

Mailing Address

3200 PONCE DE LEON BLVD
 CORAL GABLES FL 33134-7239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 Ponce de Leon Blvd

Suite, Apt. #, etc.

200

Coral Gables, FL

Zip 33134

Country USA

3. Mailing Address

3200 Ponce de Leon Blvd

Suite, Apt. #, etc.

200

Coral Gables, FL

Zip 33134

Country USA

4. FEI Number

65-0850820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDALL, WILLIAM
 6333 SUNSET DR
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

MINOR, STEVE

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

3200 Ponce de Leon Blvd

City

CORAL GABLES

FL

Zip Code

33134-7239

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]* PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4/2/00
 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	
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	RANDALL, WILLIAM
STREET ADDRESS	6333 SUNSET DR
CITY-ST-ZIP	MIAMI FL 33143
TITLE	VD <input type="checkbox"/> Delete
NAME	MINOR, STEVE
STREET ADDRESS	6333 SUNSET DR
CITY-ST-ZIP	MIAMI FL 33143
TITLE	PD <input type="checkbox"/> Delete
NAME	SOSA, ANABELLA
STREET ADDRESS	3200 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES FL 33134
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINOR, STEVE
STREET ADDRESS	3200 Ponce de Leon Blvd.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, WALLY
STREET ADDRESS	3200 Ponce de Leon Blvd
CITY-ST-ZIP	Coral Gables, FL 33134
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: *[Signature]* PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
 Date

305-443-8680
 Daytime Phone #

CR2E034 (9/99)