

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076746
Entity Name
INTERNATIONAL TELEFILMS INC.

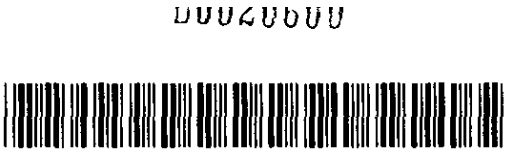
FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90182 001 ***150.00

Principal Place of Business
PINE RIDGE RD
327
BOCA RATON FL 34109

Mailing Address
2316 PINE RIDGE RD
STE 327
BOCA RATON FL 34109-2006

Principal Place of Business
5100 TAMiami Tegal N.
Suite, Apt. #, etc.
SUITE # 114
City & State
NAPLES FLORIDA
Zip
34103

3. Mailing Address
2316 PINE RIDGE RD.
Suite, Apt. #, etc.
SUITE 327
City & State
NAPLES FL
Zip
34109



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0876602 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONSCORP. REGISTERED AGENTS, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMIDT, HARDY HERNAN		NAME		
STREET ADDRESS	TAJAMAR 481, OF. 502 TORRE NORTE ED. WORLD		STREET ADDRESS		
CITY-ST-ZIP	TRADE CENTER SANTIAGO CHILE		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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 another like empowered.

SIGNATURE: HARDY SCHMIDT Date: FEB 01, 2000 Daytime Phone #: 941-593-5394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)