2000 UNIFO	RM BUSI	NESS REPOF	RT (UBR)				*.				
OCUMENT # P98000090536						FILED						
DISTRAKTED PRODUCTIONS, INC.						00 APR -4 AM 10: 07						
Table Place of Business Mailing Address					☐ `	SECRETARY OF STATE TAKUAHASSEE, FUORIDA						
20 JEFFERSON	420 JEFFERSO	1		177	e market an	WOLL	ត កម្មាជ្ញ	ЫA				
TAMI BEACH, I	MIAMI BEACH, FLORIDA				, ,				٠	•		
3186	33139-6503				•			٠.				
-	/ <u>/ </u>			<u> </u>						•		
Principal Place of Business	701 BRICKELL AVENUE					DO NOT		TI NO CE	DACE			
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 3000			A EEI	DO NOT WRITE IN THIS SPACE A FELNIOPPER Applied For							
City & State		City & State MIAMI, FLORIDA			65 <u>-</u>	08792	33			 	Applicable	
Zip Country		Zip	у	5. Certificate of Status Desired			ired [\$8.75 Additional				
	7	33131			<u> </u>					ee Required	l .	
6. Name and	Address of Current	Registered Agent		Name	7. Nai	me and Ad	aress of I	tew Regist	tered As	gent		
TNTRASTATE RI	GISTERED	AGENT CORPORA	TION	ī		<u> </u>				<u>.</u>		
701 BRICKELL MIAMI, FLORII	AVE., STE		-	Street Addr	ess (P.O. Box	Number is	Not Acce	ptable)		 -		
MIPMI, I DONII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	<u> </u>						Zip Code		
		-		City					FL_	2.0000		
This corporation is eligible Tax filing requirement and (See criteria on back)		FILE NOWII After MAY 1, 200 Make Check Payab	O Fee v	will be \$550).00 f State	Trust F	und Cont			Ådded	May Be . i to Fees	
	OFFICERS AND	DIRECTORS	12.			ITIONS/CH	IANGES T	O OFFICER	RS AND	DIRECTOR		
unit C		△ Delete	TITLE	1	PST					Change	Addition	
	N, EMILIO	-	NAME STREE		STEFAN 20 JEF			ENITE				
	FFERSON AV	33139			ZO JEF TAMT B				331	86		
VSTD	BEACH, FL	X Delete	TITLE			***************************************				☐ Change	Addition Addition	
·	N, GLORIA		NAME	•	•	90)320)8 <u>5</u>	389-	:2	
	FFERSON AV	Έ		et adoress -st-zip			-04	/13/00	001	1290	11	
ST 2119 MIAMI	BEACH, FL	33139	TITLE				**	**158.	-(*** *	本本本 1 5 (☐ Change	Addition	
i P	5553377	☐ Delete	NAME	i i				•		·		
	, FRANK FFERSON AV	· F		ET ADDRESS	•	•						
	BEACH, FL		CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· · ·		-		☐ Change	Addition	
IIILE	•	☐ Delete	. TITLI NAM			•				. Outside		
STREET ADDRESS				ET ADDRESS		κ,						
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TITLE "		☐ Delete	III					•	ž	Change	Addition	
NAME			NAM	EET ADDRESS		٠						
STREET ADDRESS CITY-ST-ZIP	,			r-ST-ZIP					·			
TITLE		☐ Delete	IIIL	£				·		Change	☐ Addition	
NAME			NAW	RE SET ADDRESS								
STREET ADDRESS				-ST-ZIP								
13 hereby certify that the in	formation supplied w	th this filing does not qualify for	r the exe	emption state	ed in Section 1	19.07 <u>(</u> 3)(i),	Florida S	tatutes. I fu	urther ce	rtify that the	information	
of the corporation or the	rocciver or trustee em	powered to execute this report	as requ	ature shall ha ired by Chap	ve the same I oter 607, Florid	egal effect a da Statutes;	as if made and that	my name a	in; that i appears	in Block 11	or Block 12 if	
changed, or on an artao	inent with an address	, with all other like empowered			~	. .	-0				RE	
SIGNATURE:	BIGHNING ANOB PERO	TEPAN OF TREST	ENT	TOR		2.2	Date	.J.		Daytime Phone (
		7										