

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90096 011 \*\*\*150.00

**DOCUMENT # P98000094529**

1. Entity Name

**BUILDING D PRODUCTIONS, INC.**

Principal Place of Business N.E. 191 ST. #108 MIAMI BEACH FL 33179	Mailing Address C/O DE LA OI MARKO 3001 SW 3RD AVE MIAMI FL 33129-2765 US
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address C/O de la Oí Marko Suite, Apt. #, etc. 3001 SW 3rd Ave City & State Miami, FL Zip 33129-2765 Country USA
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0890648	APPLIED FOR-	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARKO, DAVID E ESQ.**  
**3001 S.W. 3RD AVE.**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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.  **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 ST	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLOVER, CHARLOTTE		NAME Libarkin, Adam	
STREET ADDRESS 1401 NE 191ST ST #108		STREET ADDRESS 6250 Palm Trace Dr, #209	
CITY-ST-ZIP N MIAMI BCH FL 33178		CITY-ST-ZIP Davie, FL 33314	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANEY, KEITH		NAME	
STREET ADDRESS 1401 NE 191ST ST #108		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL 33179		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIBAKIN, ADAM		NAME	
STREET ADDRESS 1663 NE MIAMI GARDENS DR #138		STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL 33179		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENITEZ, JOSE M		NAME	
STREET ADDRESS 2339 SW 17 TERR		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33145		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	

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: Keith F. Blaney Date: 4-26-2000 Daytime Phone #: 305-940-3061

CR2E034 (9/99)