2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000094529

City-St-Zip: N MIAMI BCH, FL 33179 US

Entity Name: BUILDING D PRODUCTIONS, INC.

FILED Apr 24, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1401 N.E. 191 ST. #108			1401 N.E. 191 ST.		
N. MIAMI E	BEACH, FL 33	179 US	#108 N. MIAMI BEACH, FL	33179 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O DE LA 3001 SW 3 MIAMI, FL					
FEI Number	: 65-0890648	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
	DAVID E ESQ. 3RD AVE. 33129 US				
	named entity se of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Aç	gent	Date	
•	-	o satisfy its Intangible Tax filing re g Trust Fund Contribution ().	equirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VP () LIBARKIN, ADA 1401 NE 191ST N MIAMI BCH, F	ST #108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BLANEY, KEITH 1401 NE 191ST N MIAMI BCH, F	ST #108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () LIBARKIN, ADA 1401 NE 191ST N MIAMI BCH, F	ST #108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () GLOVER, CHAP		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ADAM LIBARKIN VP 04/24/2002