2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102959

1. Entity Name

GRAND OCEAN PICTURES INC.

...... GENCHI, DAVID M

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITI F

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-7IP

2440 MICHIGAN STREET **MELBOURNE FL 32904**

9. This corporation is eligible to satisfy its Intangible

GENCHI, DAVID M

2440 MICHIGAN ST

LYNCH, JOHN J

MELBOURNE FL 32904

6490 FLORIDANA AVE

MELBOURNE BCH FL 32951

Tax filing requirement and elects to do so.

(See criteria on back)

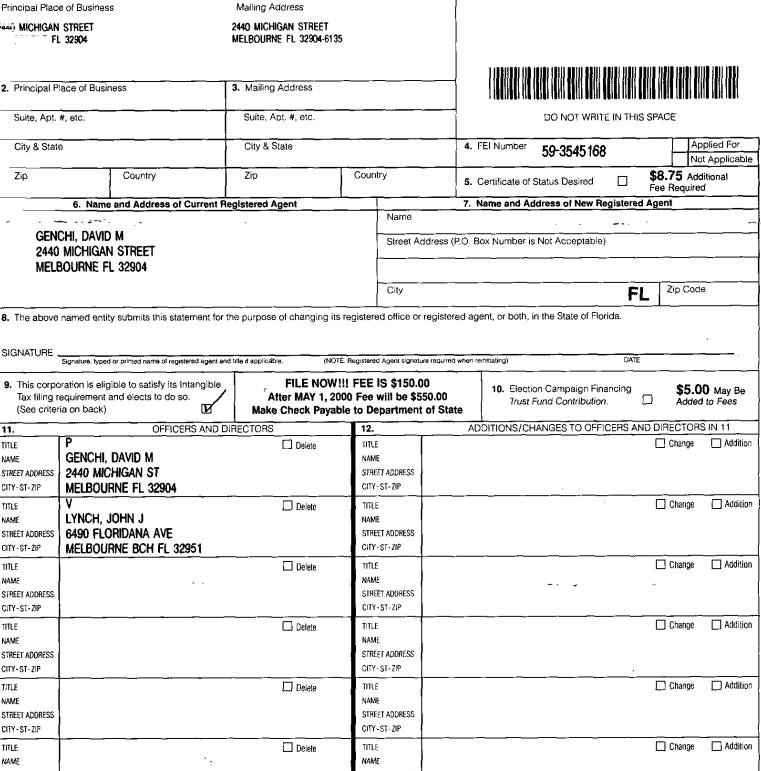
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Mailing Address Principal Place of Business MICHIGAN STREET 2440 MICHIGAN STREET MELBOURNE FL 32904-6135 FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zio Country 6. Name and Address of Current Registered Agent

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90005 022 ***150.00



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.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Delete

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12.

TITLE

NAME

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TITLE NAME

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NAME STREET ADDRESS

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NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)