

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90045 032 ***150.00

DOCUMENT # P99000005056

1. Entity Name

MAGIC LANTERN PRODUCTIONS, INC.

Principal Place of Business

12100 IVAN TORS BOULEVARD
SUITE 200
NORTH MIAMI FL 33161

Mailing Address

12100 IVAN TORS BOULEVARD
SUITE 200
NORTH MIAMI FL 33161

2. Principal Place of Business

12100 NE 16th Ave
Suite, Apt. #, etc.
#109

3. Mailing Address

12100 NE 16th Ave
Suite, Apt. #, etc.
#109

City & State

North Miami, FL

City & State

North Miami FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0889594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROA, VICTOR J
12100 IVAN TONS BLVD #200
N. MIAMI FL 33161

Name

Victor J. ROA

Street Address (P.O. Box Number is Not Acceptable)

12100 NE 16th Ave #109

City

N. Miami

FL

Zip Code

33161

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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 PD
NAME ROA, VICTOR J
STREET ADDRESS 12100 IVAN TONS BLVD #200
CITY-ST-ZIP N. MIAMI FL 33161 ☐ Delete

TITLE VD
NAME CACERES, RUBEN
STREET ADDRESS 12100 IVAN TONS BLVD #200
CITY-ST-ZIP N. MIAMI FL 33161 ☐ Delete

TITLE STD
NAME SAO, ERIC
STREET ADDRESS 12100 IVAN TONS BLVD #200
CITY-ST-ZIP N. MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01

CR2E034 (10/00)