


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91898 026 ***150.00

DOCUMENT # 1. Entity Name <i>999000010408</i> <i>Seductive Productions Inc.</i>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3619 NE 207 ST</i> Suite, Apt. #, etc. <i>2303</i>	3. Mailing Address <i>3619 NE 207 ST</i> Suite, Apt. #, etc. <i>2303</i>
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City & State <i>Aventura FL</i>	City & State <i>Aventura FL</i>
Zip <i>33180</i>	Country <i>US</i>

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <i>Slattery Shawn P.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>3619 NE 107th ST #2303</i>	
City <i>Aventura</i>	FL Zip Code <i>33180</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Slattery Shawn 3619 NE 207 ST 2303 Aventura FL 33180</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 42803 (305) 743-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)