2
క్ర
₹

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information indicated on this report or supple of the corporation or the receiver

changed, or on an attachment

SIGNATURE:

rt is true a

Feb 13, 2002 8:00 am **DOCUMENT #** P99000030385 **Secretary of State** 1. Entity Name 02-13-2002 90172 049 ***150.00 D & B TELEVISION AND VIDEO PRODUCTIONS INC. Principal Place of Business Mailing Address 1518 YALE DR 1518 YALE DR HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0907647 Not Applicable _Country___ \$8:75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, BONNIE H Street Address (P.O. Box Number is Not Acceptable) 1518 YALE DR HOLLYWOOD FL 33021 City Zip Code 8. The above iging its registered office or registered agent, or both, in the State of Florida. SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)☐ Delete ☐ Change Addition TITLE TITLE NAME ANDERSON, BONNIE H NAME **CR2E034** STREET ADDRESS 1518 YALE DR STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP supplied with this filing

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if