

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

0025919 AV

08-07-2003 90117 004 \*\*\*150.00

**DOCUMENT # P99000030385**

1. Entity Name  
**D & B TELEVISION AND VIDEO PRODUCTIONS INC**



Principal Place of Business  
**1518 YALE DR  
HOLLYWOOD FL 33021**

Mailing Address  
**1518 YALE DR  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
**PO Box 290156**

3. Mailing Address  
**PO Box 290156**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

4. FEI Number  
**65-0907647**

Applied For  
 Not Applicable

Zip  
**33329-0156**

Country  
**USA**

Zip  
**33329-0156**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, BONNIE H  
1518 YALE DR  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

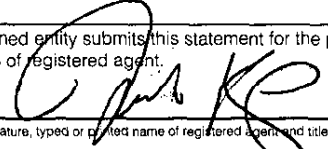
Name  
**NEIL KARP**

Street Address (P.O. Box Number is Not Acceptable)  
**16404 SAPPAIRE PLACE**

City  
**WESTON FL**

Zip Code  
**33331**

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  **Neil Karp** DATE **August 4, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, BONNIE H</b> <b>1518 YALE DR</b> <b>HOLLYWOOD FL 33021</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P BONNIE H ANDERSON</b> <b>PO BOX 290156</b> <b>DAVIE FL 33329-0156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Bonnie Anderson** DATE **8/1/03** DAYTIME PHONE # **305-542-7000**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (4/03)



Attachment #

80136697  
P99000030385

July 31, 2003

Division of Corporations  
State of Florida  
PO Box 1500  
Tallahassee FL 32302-1500

To Whom It May Concern:

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Please find enclosed, duly completed UBR for this company for 2003.

This is the first notice that we have received this year and can only assume that the original was lost in the mail following our change of address.

We regret that, as a result, this filing is late, but request that the late fee be waived under the circumstances.

Our check for \$150 is attached.

I trust that our corporate status will be preserved.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bonnie Anderson'.

Bonnie Anderson

President

**D&B Television and Video  
Productions, Inc.**

PO Box 290156  
DAVIE FL 33329-0156  
(954) 966 3210  
FAX: (775) 854 6197  
E-MAIL: DBPRODS@AOL.COM