

# 2001 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 OF 2

DOCUMENT # P99000037216

1. Entity Name  
*RED PLANET PRODUCTION, CORP.*

Principal Place of Business  
*16437 SW 103RD TERR MIAMI, FL 33196*

Mailing Address  
*16437 SW 103RD TERR MIAMI, FL 33196*

FILED  
01 JUN 29 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
*65-0913112*

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Robert D BLADES  
16437 SW 103RD TERR  
MIAMI, FL 33196*

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Robert D. Blades* (NOTE: Registered Agent signature required when reinstating)  
DATE *06/13/01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 15, 2001 Fee will be \$350.00**  
**Make Checks Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE<br><i>PD</i>         | <i>Robert D BLADES</i> <input type="checkbox"/> Delete |
| NAME                       | <i>16437 SW 103RD TERR</i>                             |
| STREET ADDRESS             | <i>MIAMI, FL 33196</i>                                 |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                        |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                        |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                        |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                        |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <i>200004477052-4</i>   |
| STREET ADDRESS  | <i>-07/16/01--01050--006</i>                                      |
| CITY-ST-ZIP   | <i>****300.00 ****300.00</i>                                      |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <i>TS</i>   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  | <i>00-01 UBR</i>  |
| CITY-ST-ZIP   |   |

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: *Robert D. Blades* President  
DATE: *06/13/01*  
Daytime Phone #: *(305) 385-1018*

CR2E034 (11/00)

PAGE 2 of 2

**RED PLANET PRODUCTION, CORP.**

16437 SW 103RD Ter.

Miami, FL 33196

Tel. (305) 385-1018

June 12, 2001

FLORIDA DEPARTMENT OF STATE

RE: DOCUMENT #P99000037216

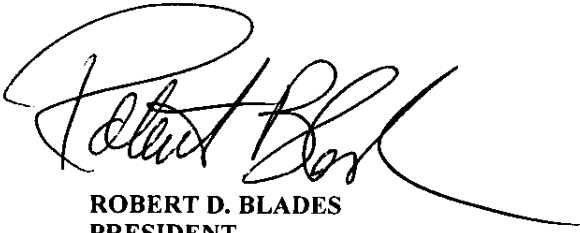
FEI # 65-0913112

TO WHOM IT MAY CONCERN:

I'M SENDING MY REINSTATEMENT REPORT, BECAUSE I NEVER RECEIVED ORIGINAL ANNUAL REPORTS, I WILL APPRECIATE IF YOU WAIVE THE LATE CHARGES.

ATTACHED IS THE REINSTATEMENT APPLICATION WITH A CHECK IN THE AMOUNT \$300.00 FOR THE YEARS 2000 & 2001.

SINCERELY YOURS



ROBERT D. BLADES  
PRESIDENT