

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90393 007 \*\*\*150.00

**DOCUMENT # P99000048364**

1. Entity Name  
**J 2 J PRODUCTIONS AND DISTRIBUTIONS, INC.**

Principal Place of Business 13205 NW 7TH LANE MIAMI FL 33182	Mailing Address 13205 NW 7TH LANE MIAMI FL 33182
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2. Principal Place of Business <i>13205 NW 7 lane</i>	3. Mailing Address <i>13205 NW 7 lane.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>	4. FEI Number <b>65-0922449</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33182</i>	Country <i>USA</i>	Zip <i>33182</i>	Country <i>USA</i>

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

6. Name and Address of Current Registered Agent  
**CORONADO, NESTOR**  
**7360 CORAL WAY**  
**SUITE 21**  
**MIAMI FL 33155**

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 *Nestor Coronado 3/15/01* DATE

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 \$350.00~~  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CRUZ, JOSE M 13205 NW 7TH LANE MIAMI FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, JACQUELINE 13205 NW 7TH LANE MIAMI FL 33182 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jose Cruz 3/15/01* Date *(305) 439-4167* Daytime Phone #

CR2E034 (10/00)