

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90045 050 ***150.00

DOCUMENT # P99000052260

1. Entity Name
RENAISSANCE - EVOLUTION FILM PRODUCTION, INC.

Principal Place of Business WESERBACH STR. 28 60489 GERMANY	Mailing Address WESERBACH STR. 28 FRANKFURT, 60489 GERMANY
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2. Principal Place of Business 1674 MERIDIAN AVE. Suite, Apt. #, etc. SUITE 409	3. Mailing Address WESTERBACH STR. 28 Suite, Apt. #, etc.
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City & State MIAMI BEACH, FL	City & State FRANKFURT, GERMANY
Zip 33139	Country MIAMI-DADE
Zip 60489	Country HESSEN



DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE., STE. 900 MIAMI FL 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	D STEPHENSON, PETER WESERBACH STR. 28 FRANKFURT, 60489 GERMANY <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: *Peter O. Stephenson* **Peter O. Stephenson** 8/FEB/2000 49.-69.78800425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)