

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90067 043 \*\*\*150.00

**DOCUMENT # P99000052260**

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

Principal Place of Business

Mailing Address

**1674 MERIDIAN AVE  
 STE 409  
 MIAMI BEACH FL 33139**

**WESRERBACH STR. 28  
 FRANKFURT GE 60489**

2. Principal Place of Business

**1674 MERIDIAN AVE  
 SUITE 409**

3. Mailing Address

**WESTERBACH STR 28**

City & State

**MIAMI BEACH, FL**

City & State

**FRANKFURT, HESSEN**

Zip

**33139**

Country

**MIAMI-DADE**

Zip

**60489**

Country

**GERMANY**

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.  
 1221 BRICKELL AVE., STE. 900  
 MIAMI FL 33131**

4. FEI Number **APPLIED FOR**

**65-0979146**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
 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

TITLE ☐ Delete  
 NAME **D STEPHENSON, PETER**  
 STREET ADDRESS **WESRERBACH STR. 28**  
 CITY-ST-ZIP **FRANKFURT, 60489 GERMANY**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PETER O. STEPHENSON**

Date

**3 APRIL 2001**

Daytime Phone #

**+49-69-  
 -78800425**

CR2E034 (10/00)