

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90019 001 ***150.00

DOCUMENT # P99000053968

1. Entity Name
UNIVERSAL DUBBING, INC.

Principal Place of Business
12000 BISCAYNE BLVD., #200
MIAMI FL 33181

Mailing Address
12000 BISCAYNE BLVD., #200
MIAMI FL 33181

545526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2008 ALTON ROAD
 Suite, Apt. #, etc.

3. Mailing Address
2008 ALTON RD
 Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number **65-0926804**

Applied For
 Not Applicable

Zip
33140

Country
DADE

Zip
33140

Country
DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPNIK, DAVID
12000 BISCAYNE BLVD., #200
MIAMI FL 33181

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D KING, KATHLEEN**
 STREET ADDRESS **714 NW 12 AVE**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ARDNER, MICHAEL**
 STREET ADDRESS **1531 N.E. 131 LANE**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LIPNIK, DAVID**
 STREET ADDRESS **10250 COLLINS AVE APT 304**
 CITY-ST-ZIP **MIAMI FL 33154**

TITLE Change Addition
 NAME **D LIPNIK, DAVID**
 STREET ADDRESS **2008 ALTON ROAD**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: DAVID LIPNIK **04/27/01** **305-531-7936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)