

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 024 ***150.00

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DOCUMENT # P99000061149

1. Entity Name
ACE PRODUCTIONS, INC.



Principal Place of Business
**320 N.E. 23 STREET
HOUSE
MIAMI FL 33137**

Mailing Address
**320 N.E. 23 STREET
HOUSE
MIAMI FL 33137**



2. Principal Place of Business

105 NE 25th Street
Suite, Apt. #, etc.

3. Mailing Address

105 NE 25th Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number **65-0932698**

Applied For
 Not Applicable

Zip
33137

Country
USA

Zip
33137

Country

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

**HARIVEL, STEVE
320 N.E. 23 STREET
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **HARIVEL, STEVE**
STREET ADDRESS **320 N.E. 23 STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** Change Addition
NAME **HARIVEL, STEVE**
STREET ADDRESS **105 NE 25th Street**
CITY-ST-ZIP **Miami, FL. 33137**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

305) 788-0789
Daytime Phone #

CR2E034 (10/02)