FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
03 SEP -2 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062030

1. Entity Name
We B JAMMIN Productions INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2600 SUNRISE Lakes DR.	2600 SUNRISE Lakes DR
Suite, Apt. #, etc. #303	Suite, Apt. #, etc. #303
City & State SUNRISE FL	City & State SUNRISE FL
Zip 33322 Country USA	Zip 33322 Country USA

4. FEI Number 65-0933608 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~Elsie SANCHEZ~~ VIVIANO Almonte

Street Address (P.O. Box Number is Not Acceptable) ~~343 Almeria Ave~~ 2600 SUNRISE Lakes DR

City ~~CORAL GABLES~~ SUNRISE FL. 33322

FL ~~33134~~ 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 V Almonte AUG 29-03

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	VIVIANO Almonte
STREET ADDRESS	2600 SUNRISE Lakes DR #303, SUNRISE FL. 33322
CITY-ST-ZIP	
TITLE	Secretary/VIVIANO Almonte
NAME	
STREET ADDRESS	2600 SUNRISE Lakes DR. #303
CITY-ST-ZIP	SUNRISE FL. 33322
TITLE	Treasurer/VIVIANO Almonte
NAME	
STREET ADDRESS	2600 SUNRISE Lakes DR. #303
CITY-ST-ZIP	SUNRISE FL. 33322
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

954-594-6804

SIGNATURE: V Almonte AUG 29 03