

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062641

1. Entity Name

DNS PRODUCTIONS, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90866 017 ***150.00

Principal Place of Business

Mailing Address

750 PENNSYLVANIA AVE
#8
MIAMI BEACH FL 33139

750 PENNSYLVANIA AVE
#8
MIAMI BEACH FL 33139-6180

2. Principal Place of Business

750 Pennsylvania Ave
Suite, Apt. #, etc.
#8

3. Mailing Address

PO BOX 398884
Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

Country

33139 USA

Zip

Country

33239 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO, DENISE

750 PENNSYLVANIA AVE
#8
MIAMI BEACH FL 33139

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

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	PVST	<input type="checkbox"/> Delete
NAME	SERRANO, DENISE	
STREET ADDRESS	750 PENNSYLVANIA AVE #8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRANO, DENISE	
STREET ADDRESS	750 PENNSYLVANIA AVE #8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, DENISE	
STREET ADDRESS	PO BOX 398884	
CITY-ST-ZIP	MIAMI BEACH, FL 33239	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, DENISE	
STREET ADDRESS	PO BOX 398884	
CITY-ST-ZIP	MIAMI BEACH, FL 33239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

05/01/00

Date

(305) 695-9941

Daytime Phone #