

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072197

1. Entity Name

VIRTUAL PRODUCER, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90002 024 \*\*\*150.00

Principal Place of Business

Mailing Address

~~0 BRINY #401~~  
~~POMPANO BEACH FL 33062~~

~~0 BRINY #401~~  
~~POMPANO BEACH FL 33062 5635~~

2. Principal Place of Business

999 BRICKELL AVENUE

3. Mailing Address

999 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1000

1000

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

Zip

33131

Country

USA

4. FEI Number

65-0974762

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, BONNIE

400 SO. BISCAYNE BLVD. #300

MIAMI FL 33131

JOHN S. FREUD, ESQ

999 BRICKELL AVE

#1000

MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

JOHN S. FREUD, ESQ

Street Address (P.O. Box Number is Not Acceptable)

999 BRICKELL AVE

City

#1000

MIAMI

FL

Zip Code

33131

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-00

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, 2000 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: PRESIDENT  
NAME: CHRIS NISI  
STREET ADDRESS: c/o 999 BRICKELL AVE #1000  
CITY-ST-ZIP: MIAMI, FL 33131 ☐ Delete

TITLE: SECRETARY  
NAME: JESSICA NISI  
STREET ADDRESS: c/o 999 BRICKELL AVE #1000  
CITY-ST-ZIP: MIAMI, FL 33131 ☐ Delete

TITLE: TREASURER  
NAME: JOHN FREUD  
STREET ADDRESS: c/o 999 BRICKELL AVE #1000  
CITY-ST-ZIP: MIAMI, FL 33131 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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.

JOHN FREUD, Treas.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

305-371-9197

Daytime Phone #