

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080842

1. Entity Name

CINEWORKS DIGITAL STUDIOS, INC.

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90082 033 \*\*\*158.75

Principal Place of Business

Mailing Address

~~100 E. RIVERBEND DRIVE~~  
~~SUNRISE FL 33326~~

~~100 E. RIVERBEND DRIVE~~  
~~SUNRISE FL 33326 3329~~

2. Principal Place of Business

6550 NE 4TH CRT

Suite, Apt. #, etc.

3. Mailing Address

6550 N.E. 4TH CRT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0960532

Applied For

Not Applicable

Zip

33138

Country

DADE

Zip

33138

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FILINGS, INC.~~  
~~3732 N.W. 10TH STREET~~  
~~FORT LAUDERDALE FL 33341~~

7. Name and Address of New Registered Agent

Name PARADY & ZWAKIS P.A.

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

307 S.E. 14TH ST.

City

FORT LAUDERDALE FL 33316

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)

1/28/00  
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**  
**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	D	<input type="checkbox"/> Delete
NAME	HOGAN, VINCENT	
STREET ADDRESS	199 E. RIVERBEND DRIVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANDALL, WILLIAM	
STREET ADDRESS	199 E. RIVERBEND DRIVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAIORANA, ANTONIO	
STREET ADDRESS	199 E. RIVERBEND DRIVE 3321 N. 34TH ST	
CITY-ST-ZIP	SUNRISE FL 33326 HOLLYWOOD FL 33021	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:

ANTONIO MAIORANA CFO

1/28/00

(815) 754-7501