

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000011275**

1. Entity Name
Dread Foundation Production, Co.

FILED
May 08, 2000 8:00 am
Secretary of State

05-04-2000 90169 040 ***150.00
05-08-2000 90125 002 ***150.00

Principal Place of Business
*1339 71st Street
Miami Beach, FL 33141*

Mailing Address
*1339 71st Street
Miami Beach, FL 33141*

2. Principal Place of Business
1339 71st Street

3. Mailing Address
1339 71st Street

City & State
Miami Beach, Florida

City & State
Miami Beach, FL

Zip
33141

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3317016

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
*DONOVAN PARKER
1339 71st STREET
Miami Beach, FL 33141*

7. Name and Address of New Registered Agent

Name
DONOVAN PARKER

Street Address (P.O. Box Number is Not Acceptable)
1339 71st STREET

City
Miami Beach

FL

Zip Code
33141

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 *Donovan Parker* (NOTE: Registered Agent signature required when reinstating)

DATE *04/24/2000*

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>President/CEO DONOVAN PARKER 1339 71st STREET Miami Beach, FL 33141</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 powers like empowered.

SIGNATURE: *Donovan Parker* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: *04/24/2000*

Daytime Phone #: *(305) 865-0883*