

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106033

i. Entity Name  
**PRO WEBCAST PRODUCTIONS, INC.**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90029 011 \*\*\*150.00

Principal Place of Business

Mailing Address

FAIRWAY DRIVE, SUITE 201  
BEACH FL 33021

450 FAIRWAY DRIVE, SUITE 201  
DEERFIELD BEACH FL 33021

838324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 FAIRWAY DRIVE

3. Mailing Address

450 Fairway Dr.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Deerfield Bch, FL

City & State

Deerfield Bch, FL

Zip

33441

Country

Zip

33441

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAVARESE, PETER A  
1645 PALM BEACH LAKES BLVD. SUITE 550  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Peter Savarese Esq.  
Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd  
Suite # 550  
City: West Palm Bch. FL Zip Code: 33401

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**  
**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	CRAWFORD GRIMSLEY	<input type="checkbox"/> Delete
NAME	61 GREENS ROAD	
STREET ADDRESS	HOLLYWOOD FL. 33021	
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		<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	DIRECTOR	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)