

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 030 ***150.00

DOCUMENT # *P99000109579*



1. Entity Name
MIRAGE STUDIOS AND FILM CO., INC.

DO NOT WRITE IN THIS SPACE

11017720

2. Principal Place of Business 2001 West Sample Road		3. Mailing Address 2001 West Sample Road	
Suite, Apt. #, etc. Suite #111		Suite, Apt. #, etc. Suite # 111	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33064	Country USA	Zip 33064	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0966898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Patricia Klein, Esq.
Street Address (P.O. Box Number is Not Acceptable)	
2001 West Sample Road	
City	Pompano Beach FL Zip Code 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

4-8-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steve Berlowski 2001 West Sample Road Pompano Beach, FL 33064
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 954-935-3160
Date Daytime Phone #

CR2E034B (12/02)