

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110442

1. Entity Name

ATHENA ENTERTAINMENT PRODUCTIONS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90042 037 ***150.00

Principal Place of Business Mailing Address
C/O 10840 S.W. 113TH PLACE C/O 10840 S.W. 113TH PLACE
MIAMI FL 33176 MIAMI FL 33176

2. Principal Place of Business 3. Mailing Address
36 POINCIANA Island DR. P.O. Box 546766
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number ☒ Applied For
Miami, FL SUFRESIDE FL Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33160 USA 33154 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GUERRA-SUAREZ, A. ELIZABETH
C/O 10840 S.W. 113TH PLACE
MIAMI FL 33176
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADJICHRISTOU, LIZA		NAME		
STREET ADDRESS	C/O 10840 S.W. 113TH PLACE		STREET ADDRESS	436 POINCIANA Island DR	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	MIAMI, FL 33154	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ Date: 4/28/00 Daytime Phone #: (305)443-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)