

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # S42345**1. Entity Name
TWELVE-TEN PRODUCTIONS, INC.**Principal Place of Business**C/O HERBERT LEE MARSHALL
1210 N.E. 171ST TERRACE
MIAMI
33162

FL

Mailing AddressC/O HERBERT LEE MARSHALL
1210 N.E. 171ST TERRACE
MIAMI
33162

FL

2. Principal Place of Business

C/O HERBERT LEE MARSHALL

3. Mailing Address

C/O HERBERT LEE MARSHALL

Suite, Apt. #, etc.

3701 S. W. 165 AVENUE

Suite, Apt. #, etc.

3701 S. W. 165 TERRACE

City & State

MIRAMAR

FL

City & State

MIRAMAR

FL

Zip

33027

Country**Zip**

33027

Country**4. FEI Number**

65-0261213

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJONES, KNOVACK G.
155 SOUTH MIAMI AVENUE
PENTHOUSE I
MIAMI
33130

FL

7. Name and Address of New Registered Agent**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/06/2001

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, 2001 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	PCD <input type="checkbox"/> Delete
NAME	MARSHALL, HERBERT LEE
STREET ADDRESS	1210 N.E. 171ST TERR.
CITY-ST-ZIP	MIAMI FL
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	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, HERBERT LEE
STREET ADDRESS	3701 S. W. 165 AVENUE
CITY-ST-ZIP	MIRAMAR FL 33027
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: HERBERT LEE MARSHALL

PCD

09/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)