

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V18226**
 1. Entity Name
VIEWPOINT PRODUCTIONS

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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
5921 SW 50TH ST. (same)
MIAMI, FL 33155

2. Principal Place of Business 3. Mailing Address
5921 SW 50TH ST. same

Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI, FL.

City & State City & State
MIAMI, FL.

Zip Country Zip Country
33155 USA

REINSTATEMENT
 4. FEI Number **65-0330966**
 Applied For Not Applicable

6. Name and Address of Current Registered Agent
CORPORATE ACCESS, INC.
236 E. 6th Ave
TALLAHASSEE, FL 32303

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 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 **Christopher Gillette Pres.** DATE **04/21/00**
 (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	PRESIDENT
STREET ADDRESS	CHRISTOPHER GILLETTE
CITY-ST-ZIP	5921 SW 50TH ST.
	MIAMI, FL 33155
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	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8000003299298-6
-06/21/00-01081-005
******750.00 ****750.00**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **Christopher Gillette** DATE **04/21/00** (305) 785-3634
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)