


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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90600 028 \*\*\*150.00

DOCUMENT # <b>V58370</b>	
1. Entity Name <b>Backstage Production Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>25 NE 62ND ST</b> Suite, Apt. #, etc. <b>STE 213</b>		3. Mailing Address <b>25 NE 62ND ST</b> Suite, Apt. #, etc. <b>STE 213</b>	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33138</b>	Country <b>USA</b>	Zip <b>33138</b>	Country <b>USA</b>

**30007323**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0331509</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Ray Nieman</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>725 W 50th ST</b>	
	City <b>Miami Beach</b>	Zip Code <b>33140-2607</b>

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  DATE **1/16/03**

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PATRICK FEIGUNSON</b> <b>491 NE 146 TH.</b> <b>MIAMI FL 33161</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RAY NIEMAN</b> <b>725 W 50th ST</b> <b>MIAMI BEACH FL 33140-2607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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  DATE **1/16/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)