

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90192 002 ***150.00

DOCUMENT # P01000014044

1. Entity Name
K2 PRODUCTIONS, INC.

Principal Place of Business

~~6233 OSPREY TERRACE
 COCONUT CREEK FL 33073~~

Mailing Address

~~6233 OSPREY TERRACE
 COCONUT CREEK FL 33073~~



2. Principal Place of Business

20624 NE 9th CT

3. Mailing Address

20624 NE 9th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

MIAMI, FLORIDA

4. FEI Number

65-1077290

Applied For

Not Applicable

Zip

33179

Country

U.S.

Zip

33179

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CATANIA, KARLA
 6233 OSPREY TERRACE
 COCONUT CREEK FL 33073~~

7. Name and Address of New Registered Agent

Name **Kyra K. OZUNA**
 Street Address (P.O. Box Number is Not Acceptable) **20624 NE 9th CT**
 City **MIAMI** FL Zip Code **33179**

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)

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	CATANIA, KARLA	
STREET ADDRESS	6233 OSPREY TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	OZUNA, KYR	
STREET ADDRESS	20851 SANSIMEON WAY, NO. 204	
CITY-ST-ZIP	MIAMI FL 33179	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZUNA, KYRA	
STREET ADDRESS	20624 NE 9th CT	
CITY-ST-ZIP	MIAMI FL 33179	
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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20th 2002

Date Daytime Phone #

CR2E034 (9/01)