

480470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

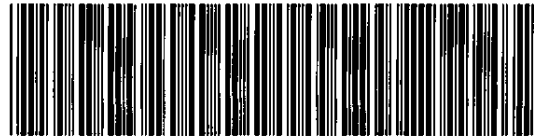
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09 OCT 19 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chorge*

**C.COULLETTE**

OCT 21 2009

**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LYNYRD SKYNYRD PRODUCTIONS, INC  
Name of Corporation

**DOCUMENT NUMBER:** 480470

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIKKI STEEN  
Name of Contact Person

LEGAL FILINGS INC  
Firm/Company

16830 VENTURA BLVD, SUITE #360  
Address

ENCINO, CA 91436  
City/State and Zip Code

NIKKI@LEGALFILINGS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIKKI STEEN at ( 818 ) 380-1940  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: LYNYRD SKYNYRD PRODUCTIONS, INC.
- 2. The principal office address: 16830 VENTURA BLVD, #501  
ENCINO, CA 91436
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 07/11/1975 Document number: 480470
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DON LESTER  
LESTER & MITCHELL  
1035 LASALLE STREET, JACKSONVILLE, FL 32207

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DRIVE, SUITE A  
P.O. Box NOT acceptable  
TALLAHASSEE, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
 Signature of an officer or director

GARY HABER / SECRETARY  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Donna Fowler  
 Signature of Registered Agent

10.13.09  
 Date

If signing on behalf of an entity:

Denise Fowler  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*