FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90996 050 ***150.00

DOCUMENT # 480470

1. Entity Name
LYNYRD SKYNYRD PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O HABER CORP	C/O HABER CORP.
Suite, Apt. #, etc.: 16830 VENTURA BL #501	Suite, Apt. #, etc.: 16830 VENTURA BL #501
City & State: ENCINO, CA	City & State: ENCINO, CA
Zip: 91436 Country: US	Zip: 91436 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-2856309 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LESTER, DON

Street Address (P.O. Box Number is Not Acceptable): LESTER & MITCHELL

218 E ASHLEY ST

City: JACKSONVILLE **FL** Zip Code: 32202

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	ROSSINGTON, GARY	NAME	
STREET ADDRESS	16830 VENTURA BLVD. #501	STREET ADDRESS	
CITY - ST - ZIP	ENCINO, CA, 91436	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	POWELL, WILLIAM	NAME	
STREET ADDRESS	16830 VENTURA BLVD. #501	STREET ADDRESS	
CITY - ST - ZIP	ENCINO, CA, 91436	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	HABER, GARY	NAME	
STREET ADDRESS	16830 VENTURA BLVD. #501	STREET ADDRESS	
CITY - ST - ZIP	ENCINO, CA, 91436	CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/02)

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: _____ SECRETARY 4/23/03 818-783-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1