2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90082 042 ***150.00

DOCUMENT # L23944

1. Entity Name
AMERICAN MECHANICAL RIGHTS AGENCY, INC.

Principal Place of Business	Mailing Address
1888 CENTURY PARK E.	1888 CENTURY PARK E.
SUITE #222	SUITE #222
LOS ANGELES CA 90067	LOS ANGELES CA 90067

2. Principal Place of Business		3. Mailing Address	
150 S. Barrington Ave.,		Same	
Suite, Apt. #, etc.: Suite #1		Suite, Apt. #, etc.	
City & State: Los Angeles, CA		City & State	
Zip: 90049	Country: Los Angeles	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0153729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENTE, PATRICIA
1324 ROOSEVELT DR
VENICE FL 34293

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LEVIN, SINDEE		NAME	
STREET ADDRESS	1888 CENTURY PARK E.		STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Levin, Sindee		NAME	
STREET ADDRESS	150 S. Barrington Ave., #1		STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90049		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SINDEE LEVIN — SIGNATURE REQUIRED   3-13-03   (310) 440-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)