2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State P00000019616 **DOCUMENT #** 1. Entity Name HUNU PRODUCTIONS, INC. 05-20-2002 90256 019 ***150.00 Mailing Address Principal Place of Business 1 NW 108 STREET 1 NW 108 STREET MIAMI SHORES FL 33168 MIAMI SHORES FL 33168 3. Mailing Address 2. Principal Place of Business 1019 NE 104 STREET 1019 NEIGH STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE MIAMI SHOKES PL Not Applicable SHORE. MIAMI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRUTCHFIELD, TIMOTHY H Street Address (P.O. Box Number is Not Acceptable) 25 SE SECOND AVENUE SUITE 1020 THE INGRAHAM BUILDING **MIAM? FL 33131** Zip Code City 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. ŧ 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. bР ✓ Change ☐ Addition TITLE Delete TITLE BELL JERRY H BELL, JERRY H NAME NAME ME ICH STREET 1 NW 108 STREET STREET ADDRESS 1019 STREET ADDRESS MIAMI SHORES PL 33138 CITY-ST-ZIP MIAMI SHORES FL 33168 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE D۷ NAME ANTHONY, STEPHEN G NAME 10870 GOLFVIEW DRIVE SOUTH STREET ADDRESS STREET ADDRESS PEMBROKE:PINES:FL=33026= CITY-ST-7IP CHY-ST-ZIP-∠ Change ☐ Addition TITLE DS TITLE DS □ Delete JAMES A BAY BAY, JAMES A NAME NAME 1019 NE 104 STREET STREET ADDRESS STREET ADDRESS 1 NW 108 STREET PRIAMI SHORES PL 33138 CITY-ST-ZIP MIAMI SHORES FL 33168 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

FILED

GNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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