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Mar 06, 2007 8:00 am
Secretary of State ATX
03-06-2007 90010 001 ***100.00
03-06-2007 90010 002 ****50.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000097245

1. Entity Name

BJRJ PRODUCTIONS INC

DO NOT WRITE IN THIS SPACE

66003944

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2. Principal Place of Business	3. Mailing Address
2904 NW 60TH TERRACE # 135	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL	City & State
Zip: 33313 / Country	Zip / Country

4. FEI Number: 02-0787575 — X Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 CORAL WAY 4th FLOOR

City: MIAMI FL Zip Code: 33145

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	PRESIDENT
NAME	BRENDA J JACKSON
STREET ADDRESS	2904 NW 60TH TERR., 135
CITY-ST-ZIP	SUNRISE, FL 33311
TITLE	
NAME	
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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: Brenda Jackson BRENDA JACKSON 1/1/2007 954-749-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #