2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90019 024 ***158.75

DOCUMENT # P99000010408

1. Entity Name

SEDUCTIVE PRODUCTIONS INC.

Principal Place of Business	Mailing Address
3619 NE 107TH ST., #2303 AVENTURA FL 33180	3619 NE 107TH ST., #2303 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3619 NE 207 St	Same
Suite, Apt. #, etc. #2303	Suite, Apt. #, etc.
City & State Aventura Florida	City & State
Zip 33180 — Country US	Zip — Country

4. FEI Number — [ ] Applied For / [✓] Not Applicable

5. Certificate of Status Desired [✓] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLATTERY, SHAWN P
3619 NE 107TH ST., #2303
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name N/A
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Shawn Slattery 3619 NE 207 St #2303 Aventura FL 33180	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shawn Slattery — 4/28/2000 — (305) 466-9576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)