

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90313 001 *1,100.00

DOCUMENT # F01000004874

1. Entity Name
JHHE PRODUCTIONS, INC.



Principal Place of Business
**1416 NORTH LA BREA AVENUE
HOLLYWOOD CA 90028**

Mailing Address
**1416 NORTH LA BREA AVENUE
HOLLYWOOD CA 90028**

2. Principal Place of Business
1416 North La Brea Avenue
Suite, Apt. #, etc.

3. Mailing Address
1416 North La Brea Avenue
Suite, Apt. #, etc.

City & State -
Hollywood, CA

Zip
90028

Country
USA

City & State
Hollywood, CA

Zip
90028

Country
USA

4. FEI Number
95-4879772

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **D** ☐ Delete
NAME **RIVKIN, CHARLES**
STREET ADDRESS **1416 NORTH LA BREA AVENUE**
CITY-ST-ZIP **HOLLYWOOD CA 90028**

TITLE **T** ☒ Delete
NAME **SCHOLTZ, NANCY**
STREET ADDRESS **1416 NORTH LA BREA AVE**
CITY-ST-ZIP **HOLLYWOOD CA 90028**

TITLE **S** ☐ Delete
NAME **SCHUBE, PETER**
STREET ADDRESS **1416 N LA BREA AVE**
CITY-ST-ZIP **HOLLYWOOD CA 90028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ESKENAZI, PAUL**
STREET ADDRESS **1416 North La Brea Ave**
CITY-ST-ZIP **Hollywood, CA 90028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

PETER SCHUBE 8-21-03

Date

Daytime Phone #

323-802-1500

CR2E034 (4/03)