F23000003143

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

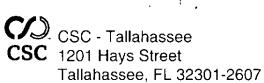




000408441510

11 9: L4

S. ROBERTS MAY 3 0 2



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 05/26/23 Order #: 1217733-2

Re: Inclined Productions, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: INCLINED PRODUCTIONS, INC.				
Name of corp	oration - mu	st include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporati "Certificate of Existence," or "Certificate of Goo above referenced foreign corporation to transact	od Standing	and check are sub		
Please return all correspondence concerning this	s matter to th	e following:		
Na	ame of Perso	n		
Fir	m/Company			
. <u></u>	Address			
City/	/State and Zi	p code		
E-mail address: (to be	e used for fu	ture annual report i	notification)	
For further information concerning this matter, p	olease call:			
at ()	Daytime Telep		
Name of Person Are	ea Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Statu	& □ \$78	TATE .75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INCLINED PRO	ODUCTIONS, INC.			
	orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	." "COMPANY." "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate name		usiness in Florida	
2. DELAWARE 3.		92-2824159		
	y under the law of which it is incorporated)	(FEI number, if applic	able)	
4. 12/13/2022	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 500 South Buena	Vista Street, Burbank, CA 91521			
	(Principal off	ice <u>street</u> address)		
SAME				
	(Current maili	ng address. if different)	2023 1	
8. Name and street	et address of Florida registered agent: (P.G	O. Box NOT acceptable)	:	
Name:	Corporation Service Company		Ċí	
	1201 Hays Street		7	
Office Address:	1201 Hays Succe		11:6	
	Tallahassee	, Florida <u></u> , Florida	*-	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Weilard - Signature)

Corporation Service Company

Weilard - Signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
Chairman	Name:	□ Chairman	Name: CARLOS A. GOMEZ			
□Vice Chairman	Address: 500 South Buena Vista Street	□Vice Chairman	Address: 500 South Buena Vista Street			
Director	Burbank. CA 91521	Director	Burbank, CA 91521			
■ President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	Treasurer			
□Other	□Other	□Other	□Other			
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	CHAKIRA H. GAVAZZI Name:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Name:			
Secretary	□Treasurer	☐ Secretary	☐Treasurer			
□Other	Other	Other	□Other			
	Name:		Name:			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer						
12. Chapin	A Shary	ctor or Officer				

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INCLINED PRODUCTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INCLINED PRODUCTIONS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

THE STATE OF THE S

Authentication: 203428088

Date: 05-25-23