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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE, 12/13/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1328805

PLEASE	PERFORM	THE	FOLLO	WING SERVICES:

GO PRODUCTIONS INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Friday, December 13, 2024 Page 1 of 1

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.

GO Productions Inc.							
	orporation: must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION	<u></u>				
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transactin	g business in Florida)				
2. New York	3 8	1-0632835					
	y under the law of which it is incorporated)	(FEI number, if ap	plicable)				
	of incorporation)	(Date of duration, if other t	han perpetual)				
6470 West 24th St	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 treet, Suite 15B, New York, NY 10011, USA	lorida, if prior to registration) 2, F.S., to determine penalty liabili	iy)				
/·	(Principal office	street address)					
470 West 24th S	treet, Suite 15B, New York, NY 10011, USA						
8. Name and stree Name: Office Address:	(Current mailing c et address of Florida registered agent: (P.O. I Incorporating Services, Ltd. 1540 Glenway Drive	iddress, if different) Box <u>NOT</u> acceptable)	FILE IS PH				
Office Address.	Tallahassee	32301	PH W 38				
	(City)	, Florida (Zip code)	38				

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.

(Registered agents cignolius)

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 Antonia Sisti □Chairman Name: □Chairman Name: ______ 470 West 24th Street, Suite 15B ☐ Vice Chairman Address: ☐ Vice Chairman Address: New York, NY 10011 ■ Director □ Director ■ President □ President □ Vice President □ Vice President Secretary **■** Treasurer □ Secretary □ Treasurer Other □Other _____ □Other _____ Other ______ □ Chairman Name: ☐ Chairman Name: __ □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □Treasurer □ Secretary □Other ☐ Other ______ □Other □Chairman Name: ______ □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □President □ Vice President ___ ☐ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □ Other □Other 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. Antonia Sisti Signature of Director 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.

13. Antonia Sisti, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: GO PRODUCTIONS INC.

DOS ID Number: 2951311

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/08/2003

Statement Status: CURRENT

Statement Due Date: 09/30/2025

1 certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION

Date of Filing: 09/08/2003

Entity Name: GO PRODUCTIONS INC.

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 11/08/2005

 Effective Date:
 09/01/2005

Document Type: BIENNIAL STATEMENT

Date of Filing: 11/05/2007 **Effective Date:** 09/01/2007

Page 1 of 3

FILED PH 4: 38

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 09/03/2009

 Effective Date:
 09/01/2009

Document Type: BIENNIAL STATEMENT

Date of Filing: 10/05/2011
Effective Date: 09/01/2011

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 09/09/2013

 Effective Date:
 09/01/2013

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 09/05/2017

 Effective Date:
 09/01/2017

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 09/03/2019

 Effective Date:
 09/01/2019

Document Type: BIENNIAL STATEMENT

Date of Filing: 10/28/2024



Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 12, 2024 at 01:15 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hughan

BRENDAN C. HUGHES Executive Deputy Secretary of State

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