

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90326 003 ***150.00

DOCUMENT # F86258
 1. Entity Name
HAL TAINES FILM PRODUCTIONS, INC. ✓

Principal Place of Business 6365 TAFT STREET SUITE 3003 HOLLYWOOD FL 33024 US	Mailing Address 6365 TAFT STREET SUITE 3003 HOLLYWOOD FL 33024 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>7369 Sheridan Street</i>	3. Mailing Address <i>7369 Sheridan Street</i>
Suite, Apt. #, etc. <i>Suite 201</i>	Suite, Apt. #, etc. <i>Suite 201</i>
City & State <i>Hollywood, FL</i>	City & State <i>Hollywood, FL</i>
Zip <i>33024</i> Country <i>USA</i>	Zip <i>33024</i> Country <i>USA</i>

4. FBI Number 59-2206487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRUNT, JOHN H CPA
 6365 TAFT STREET SUITE 3003
 SUITE 300
 HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent
 Name: *John H Brunt CPA*
 Street Address (P.O. Box Number is Not Acceptable)
7369 Sheridan Street
Suite 201
 City: *Hollywood* FL Zip Code: *33024*

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 _____ (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAINES, HAROLD <input type="checkbox"/> Delete 6365 TAFT STREET SUITE 3003 HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAINES, SUE <input type="checkbox"/> Delete 6365 TAFT STREET SUITE 3003 HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>7369 Sheridan Street Suite 201 Hollywood, FL 33024</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>7369 Sheridan Street Suite 201 Hollywood, FL 33024</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 only, all as so empowered.

SIGNATURE: _____ Date: *4-15-02* Daytime Phone # _____

CR2E034 (8/01)