FILED Aug 18, 2003 8:00 am Secretary of State 08-18-2003 90162 032 ***150.00

2003 FOR PROFIT CORPORATION

Street Address (P.O. Box Number is Not Acceptable) City	DOCUMENT # H299 1. Entity Name VIDEOMAX PRODUCTIONS			90150818
Suite, Apt. #, etc. City & State	4400 CEDAR CREEK ROAD	4400 CEDAR CREEK R		
City & State Country Country City & State City & State Country S. Certificate of Status Desired \$8.75 Additional Foo Required Foo Required Foo Required Shart, FAITH ANTMAN Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City & FL Zip Code a. 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 deligations of ing parend agent, price to registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of ing parend agent, price to registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of ing parend agent, price to registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of ing parend agent, price to registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of ing parend agent, or both, in the State of Florida. I am familiar with, and accept the deligation of ing parend agent, or both, in the State of Florida. I am familiar with, and accept the deligation of ing parend agent, or both, in the State of Florida. I am familiar with, and accept the deligation of ing parend agent, or both, in the State of Florida. I am familiar with, and accept the deligation of ing parend agent. Display and a state of Florida agent agent or both, in the State of Florida. I am familiar with, and accept the deligation of ing parend agent. Display and a state of Florida agent agent or both, in the State of Florida. I am familiar with, and accept the deligation agent agent agent or both, in the State of Florida. Display and a state of Florida agent	•		1.	
Zip Country Zip Country 59-2540704 Not Applicable S. Certificate of Status Desired Set. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of	Suite, Apt. #, etc.	Suite, Apl. #, etc.		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name BATT, FAITH ANTHAN 4400 CEDAR CREEK ROAD 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 ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent. 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 ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ortigations of registered agent. 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 ortigations of registered agent. 9. Election Campaign Financing \$\frac{1}{2}\$\$ \$\frac{1}	City & State	City & State		50.0545704
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	Zip Country	Zip	Country	5 Cartificate of Status Desired S8.75 Additional
BATT, FATH ANTMAN 4400 CEDAR CREEK ROAD BOCA RATON, FL 33497 Street Address (P.O. Box Number is Not Acceptable) City		s of Current Registered Agent		·
B. 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 Subtained hydroxy princh name of registered agent. Oxities Oxities	BATT, FAITH ANTMAN 4400 CEDAR CREEK ROAD			P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu			City .	☐ Zip Code
After May 17 2003 Fice will be \$550 00 Added to Fees Make Chack Payable to Florida Department of State ### Added to Fees Miles (1987) 25 Added to Fees Make Chack Payable to Florida Department of State ### 17	the obligations of registered agent.		its registered office or registe	
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Dru D. Lashbrook, CPA Brian H. Wollard, CPA David J. Fasano, CPA, MBA Dean R. Lashbrook Jerry W. Reed, EA Member of the Florida Institute of Certified Public Accountants 4481 Stirling Road Fort Lauderdale, Florida 33314 Telephone: (954) 581-8112 Fax: (954) 581-2554 info@lbrook.com

August 13, 2003

Uniform Business Reports
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: VIDEOMAX PRODUCTIONS, INC.

Document # H29992

To whom it may concern:

We are the Certified Public Accountants for the above referenced corporation. It recently came to our attention that our client <u>did not receive</u> their 2003 UBR Report.

We contacted the State and they informed us to mail the UBR Report with \$150.00 immediately. Enclosed please find the report and check for \$150.00 as requested. If you should have any questions, please contact our office. Thank you.

Sincerely,

LASHBROOK & WOLLARD, P.A.

Dru D. Lashbrook, CPA

for the firm.

DDL/kd Enclosures