DOCUMENT # J29640 1. Entity Name FJM PRODUCTIONS, INC.						SECRETARY OF STATE				
		<i>7</i> ₂ (4			4	00 DEC 22	AM 9:5	2		
Principal Place of Business Mailing Address										
7305 W. SAMPLE RD. SUITE 101 CORAL SPRINGS FL 33065		7305 W. SAMPLE RD. SUITE 101 CORAL SPRINGS FL 33065-2200			٤		581: 512)(\$10)(8	1811 B/B/I B18	11 818 71 (88)	
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			REINSTATEWIEN PACE					
City & State	9	City & State				59-272067	<u> </u>	No	plied For ot Applicable	
Zip	Country	Zip Country			5. Certificate of Status Desired					
	6. Name and Address of Curren	t Registered Agent		7. Na	ame and Address of New F	egistered Ag	ent		1	
MARCUS, IRA 200 E-LAS OLAS BLUD. Street Address (P.O. Box Number is Not Acceptable) Surft 7:0 FT. LAUD FL 33301 FL. LAPOCY OKLE, FLA. 3335 City FL Zip Code									- -	
, ,		mportune it ca	,9730) City			FL	Zip Cou	e]
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 Signature Red or prival name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
A This was the in all the secretary to the latest the l									1	
			1, 2000 Fee will be \$550.00			—10Election Campaign Fir Trust Fund Contributio			O-May Be to Fees	-
(See criter	ia on back)	Make Check Payable to Department of Sta							4	
11.	OFFICERS AND		12.		ADD	DITIONS/CHANGES TO OFF			S IN 11 Addition	 ရ
TITLE NAME	PD	☐ Delete	TITLE	· I			· -	_ Change	_	CR2E034 (9/99)
STREET ADDRESS	MONTILLA, FERNANDO J JR SSS 2480 N.W. 114TH AVENUE			STREET ADDRESS		900003 -01/0	3223	<u> </u>) <u>_</u> _9	83
CITY-ST-ZIP	CORAL SPRINGS FL		CITY	-ST-ZIP		-U1/U	4/U1U	!U54~~	-UUS 759 75 -	12
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STREET ADDRESS CITY-ST-ZIP	2480 N.W. 114TH AVENUE CORAL SPRINGS FL			-ST-ZIP	V 15	1111				
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PROPER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR										
	SIGNATURE ARD TIPES ON	HOME OF GIGHING OFFICER				- 52.0	_ ways	,		1

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