J & S PRODUCTIONS, INC.         Principal Place of Business         240 NW 7 STREET         BOCA RATON FL 33432         20 NW 7 STREET         BOCA RATON FL 33431         City & State         FELDMAN, MICHAEL J. P.A.         S00 NE SPANISH RIVER BLVD.         SUITE 205         BOCA RATON FL 33431         City         Street Address (P.O. Box Number is         Signuture, upped or printed name of registered agent and title if applicable.         (NOTE: Registered Agent signuture required when reinstaling)         Signuture, upped or printed name of registered agent and title if applicable.         (NOTE: Registered Agent signuture required when reinstaling)         Signuture, upped or printed name of registered agent and title if applicable.         (NOTE: Registered Agent signeture required when reinstaling)         Signuture, upped or printed name of registered agent and title if applicable.         (NOTE: Registered Agent signeture required when reinstaling)	Iress of New Registered Agent Not Acceptable) FL Zip Code
240 NW 7 STREET SOCA RATON FL 33432       240 NW 7 STREET BOCA RATON FL 33432         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         Zip       Country         Solite, Apt. #, etc.       Suite, Apt. #, etc.         Zip       Country         Solite, Apt. #, etc.       Street Address of Current Registered Agent         FELDMAN, MICHAEL J. P.A.       Son NE SPANISH RIVER BLVD.         SUTE 205       BOCA RATON FL 33431         B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in         SIGNATURE       Signature, typed or printed name of registered agent and the il applicable.         SIGNATURE       Image: Signature or printed name of registered agent and the il applicable.         Signature. Typed or printed name of registered agent and the il applicable.       (NOTE: Registered Agent signature required when reinstaling)         9. This corporation is eligible to satisfy its Intangible       FILE NÔW!!! FEE IS \$150.00 Make Check Payable to Department of State       10. Election Trust F         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CH/         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CH/         11.	DO NOT WRITE IN THIS SPACE <b>65-0187947</b> Applied For Not Applicable atus Desired <b>\$8.75</b> Additional Fee Required Iress of New Registered Agent Not Acceptable) <b>FL</b> Zip Code
NO NY 7 STREET DOCA RATON FL 33432       20 NW 7 STREET BOCA RATON FL 33432         2. Principal Piace of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country       Zip         Country       S. Certificate of S         6. Name and Address of Current Registered Agent       7. Name and Address         SUITE 205       SOCA RATON FL 33431         8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstaing)         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Gee criteria on back)       Inter Country       Inter Country         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Gee criteria on back)       OFFICERS AND DIRECTORS       12. ADDITIONS/CH/ Make Check Payable to Department of State         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CH/ Make       ADDITIONS/CH/ Make         STETZ, JOHN JR 240 NW 7 ST. BOCA RATON FL       Delete       THL MAKE	DO NOT WRITE IN THIS SPACE <b>65-0187947</b> Applied For Not Applicable atus Desired <b>\$8.75</b> Additional Fee Required Iress of New Registered Agent Not Acceptable) <b>FL</b> Zip Code
Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country       Zip         Country       Zip       Country         Suite, Apt. #, etc.       AFEI.Number	DO NOT WRITE IN THIS SPACE <b>65-0187947</b> Applied For Not Applicable atus Desired <b>\$8.75</b> Additional Fee Required Iress of New Registered Agent Not Acceptable) <b>FL</b> Zip Code
Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country       Zip         Country       Zip       Country         S. Name and Address of Current Registered Agent       7. Name and Address of S. Name and Address of S. Name and Address of S. Name and Address of Current Registered Agent       7. Name and Address of S. Name and Address (P.O. Box Number is Street Addres (P.O. Box Number is Street Addres (P.O.	DO NOT WRITE IN THIS SPACE <b>65-0187947</b> Applied For Not Applicable atus Desired <b>\$8.75</b> Additional Fee Required Iress of New Registered Agent Not Acceptable) <b>FL</b> Zip Code
City & State	65-0187947 Applied For Not Applicable satus Desired S8.75 Additional Fee Required Iress of New Registered Agent Not Acceptable)
Zip       Country       Zip       Country       5. Certificate of S         6. Name and Address of Current Registered Agent       7. Name and Address of Current Registered Agent       Name         FELDMAN, MICHAEL J. P.A. 500 NE SPANISH RIVER BLVD. SUITE 205 BOCA RATON FL 33431       Street Address (P.O. Box Number is         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, ir         SIGNATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)         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, 2001 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Trust F         11.       OFFICERS AND DIRECTORS       12. ADDITIONS/CH// Make       ADDITIONS/CH// MAKE         13.       OFFICERS AND DIRECTORS       12. ADDITIONS/CH// MAKE       ADDITIONS/CH// MAKE         14.       OFFICERS AND DIRECTORS       12. ADDITIONS/CH// MAKE       SIGHER ADDRESS         15.       STETZ, JOHN JR       SIGHER ADDRESS       SITY-ST-ZIP         16.       Delete       TILE       MAKE	Not Applicable       iatus Desired       Iress of New Registered Agent   Not Acceptable)       FL
	status Desired     \$8.75 Additional Fee Required       Iress of New Registered Agent       Not Acceptable)         FL
FELDMAN, MICHAEL J. P.A.       Name         500 NE SPANISH RIVER BLVD.       Street Address (P.O. Box Number is         SUITE 205       BOCA RATON FL 33431         B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, ir         SIGNATURE	Not Acceptable)  FL Zip Code
FELDMAN, MICHAEL J. P.A. 500 NE SPANISH RIVER BLVD. SUITE 205 BOCA RATON FL 33431       Street Address (P.O. Box Number is City         a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, ir         SIGNATURE         Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)         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, 2001 Fee will be \$550.00 Make Check Payable to Department of State       10. Electio Trust F         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CH/         ITLE MAME       STETZ, JOHN JR 240 NW 7 ST. BOCA RATON FL       Delete       TITLE NAME         ITLE       Delete       TITLE NAME       STREET ADDRESS         ITLE       Delete       TITLE NAME       STREET ADDRESS	FL Zip Code
500 NE SPANISH RIVER BLVD.       Street Address (P.O. Box Number is Street Address (P.O. Box Number is BOCA RATON FL 33431         B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in Signature, typed or printed name of registered agent and title if applicable.       City         SIGNATURE	FL Zip Code
BOCA RATON FL 33431         City         City         City         City         City         City         City         City         City         SIGNATURE         SIGNATURE         Signature, typed or printed name of registered agent and title if applicable.         NOTE: Registered Agent signature required when reinstating)         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, 2001 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Trust F         ITUE         Make Check Payable to Department of State         ITUE         OFFICERS AND DIRECTORS       12.       ADDITIONS/CH/         MAKE         STETZ, JOHN JR         STREET ADDRESS         CITY-ST-ZIP         Delete         TITLE         MAKE         NAME         STETZ, JOHN JR         STREET ADDRES	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  Tax filing requirement and elects to do so. (See criteria on back)  STETZ, JOHN JR  STETZ, JOHN JR  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  NAME  NAME  NAME  NAME NAME NAME	
SIGNATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)         9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NÓW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Trust F         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CH/         ITTLE       P       Intle       Delete       TITLE         STREET ADDRESS CITY-ST-ZIP       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Intle       Delete       TITLE       NAME         NAME       Intle       NAME       STREET ADDRESS       CITY-ST-ZIP	the State of Florida.
ITLE P Delete TITLE NAME STETZ, JOHN JR NAME STREET ADDRESS 240 NW 7 ST. STREET ADDRESS BOCA RATON FL CITY-ST-ZIP	Campaign Financing \$5.00 May Be and Contribution. Added to Fees
VAME     STETZ, JOHN JR     NAME       STREET ADDRESS     240 NW 7 ST.     STREET ADDRESS       CITY-ST-ZIP     BOCA RATON FL     CITY-ST-ZIP       TITLE     Delete     TITLE       NAME     NAME     NAME	
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13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fl indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; as changed, or on an attachment with an address, with all other like empowered.	· · · · · · · · · · · · · · · · · · ·