FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # L06576 1 BJ VIDEO PRODUCTIONS, INC. 04-13-2001 90071 042 ***150.00 Principal Place of Business Mailing Address 1870 SPRUCE CREEK BLVD E 1870 SPRUCE CREEK BLVD E DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0141687 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERRY, ROBERT A., SR Street Address (P.O. Box Number is Not Acceptable) 1870 SPRUCE CREEK BLVD E DAYTONA BEACH FL 32124 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TERRY Robert A. SR WOI 1870 SPRUCE CREEK BLUD. F. CR2E034 (10/00) Change TITLE TITLE TERRY, ROBERT A. SR. - SAME NAME NAME 1806 BANYAN CREEK CIRCLE N - Charles & STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32124 BOYNTON BEACH FL 33436 CHANGE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE TERRY, JANICE K. TERRY, JANICE K. - SAME NAME NAME 1870 SPRUCE CREEK BLUD. F. 1806 BANYAN CREEK CIRCLE N --- CHANGE STREET ADDRESS DAYTONA BEACH, FL 32124 BOYNTON BEACH FL 33436 - CHANG CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.