2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # L57912** JACK STEINBERG PRODUCTIONS, INC. 04-17-2000 90088 011 ***150.00 Principal Place of Business Mailing Address 7200 S PRESTWICK PLACE 7200 S PRESTWICK PLACE MIAMI: LAKES:FL: 33014 💳 MIAMI-LAKES FL 33014-6522 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0186150 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINBERG, JACK Street Address (P.O. Box Number is Not Acceptable) 7200 S PRESTWICK PLACE MIAMI LAKES FL 33014 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. _FILE NOW!!! FEE.IS \$150,00_ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10.-Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE DPV ☐ Delete TITLE STEINBERG, JACK NAME NAME STREET ADDRESS STREET ADDRESS 7200 S PRESTWICK PLACE CITY-ST-ZIF CITY-ST-ZIP MIAMI LAKES FL □ Change ☐ Addition Delete TITLE TITLE NAME NAME STEINBERG, JACK STREET ADDRESS STREET ADDRESS 7200 S PRESTWICK PLACE CITY-ST-ZIP CITY-ST-ZIP <u>Miami Lakes Fl</u> Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 stiffs the empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 305 814-5566 District District Phone #

CR2E034 (9/99)