2003 FOR PROFIT CORPORATION

SIGNATURE:

## **FILED** Jul 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (ÚBR) M06864 DOCUMENT # 1. Entity Name 07-14-2003 90330 013 \*\*\*550.00 PELHAM - KING PRODUCTIONS, INC. Principal Place of Business Mailing Address 6550 NE 4TH CT 6550 NE 4TH CT SUTIE 103 SUTIE 103 MIAMI FL 3313 MIAMI FL 331383 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2476652 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent RANDALL, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 6550 NE 4TH CT SUITE 103 **MIAMI FL 33138** City 8. The above named entitive in 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. 海洋 SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWITH FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition RANDALL, WILLIAM G NAME NAME 6550 NE 4TH CT SUITE 103 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 expowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with a product of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation o