## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am § Secretary of State DOCUMENT # N0100006753 05-14-2002 90361 045 \*\*\*\*70.00 AFFECT DESTINY PRODUCTIONS, INCORPORATED Principal Place of Business Mailing Address 3111 SW 10TH ST 3111 SW 10TH ST POMPANO BCH FL 33069-9902 POMPANO BCH FL 33069-9902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1802940 Not Applicable Zip 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 =-Street Address (P.O. Box Number is Not Acceptable) BROUSSARD, ARNOLD A 3111 SW 10TH ST POMPANO BCH FL 33069-9902 Zip Code FL 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D ☐ Delete TITLE ☐ Addition NAME HOSKINS, BOB NAME STREET ADDRESS STREET ADDRESS 3111 SW 10TH ST CITY-ST-ZIP CITY-ST-7IP POMPANO BCH FL 33069-9902 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HOSKINS, ROB STREET ADDRESS STREET ADDRESS 3111 SW 10TH ST CITY-ST-ZIP-CITY-ST-ZIP POMPANO BCH FL 33069-9902 TITLE ☐ Delete TITLE DPT Change Addition NAME BROUSSARD, ARNOLD A NAME STREET ADDRESS STREET ADDRESS 3111 SW 10TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33069-9902 TITLE ☐ Delete TITLE Change ☐ Addition NAME MEDLEY, MICHAEL NAME STREET ADDRESS STREET ADDRESS 3111 SW 10TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33069-9902 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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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