

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006177

1. Entity Name

ELAH PRODUCTIONS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90072 009 ****61.25

Principal Place of Business

Mailing Address

DATRAM ONE, P.H. ONE, SUITE 1707
9100 S. DADELAND BOULEVARD
MIAMI FL 33156

DATRAM ONE, P.H. ONE, SUITE 1707
9100 S. DADELAND BOULEVARD
MIAMI FL 33156-7814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEJ Number

65-0955551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, JONATHAN
DATRAM ONE, P.H. ONE, SUITE 1707
9100 S. DADELAND BOULEVARD
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS FRANKLIN, JONATHAN
CITY-ST-ZIP P.H. 1, STE. 1707, 9100 S. DADELAND BLVD.
MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME President, CEO, Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FRANKLIN, JAMES D
CITY-ST-ZIP P.H. 1, STE. 1707, 9100 S. DADELAND BLVD.
MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME Treasurer, CFO, Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FRANKLIN, LORI H
CITY-ST-ZIP P.H. 1, STE. 1707, 9100 S. DADELAND BLVD.
MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME Vice-President, Secretary, Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Pusey, Joshua
STREET ADDRESS P.H. 1, Ste 1707, 9100 S. Dadeland Blvd
CITY-ST-ZIP Miami, FL 33156

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Pusey, Joshua
CITY-ST-ZIP P.H. 1, Suite 1707, 9100 S. Dadeland Blvd
Miami FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 reports 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 an otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04, 2000

3056700828

Daytime Phone #

CR2E037 (9/99)