

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000006177****1. Entity Name**
ELAH PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
DATRAN ONE, P.H. ONE, SUITE 1707 9100 S. DADELAND BOULEVARD MIAMI FL 33156	DATRAN ONE, P.H. ONE, SUITE 1707 9100 S. DADELAND BOULEVARD MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
DATRAN ONE, P.H. ONE, SUITE 1702	DATRAN ONE, P.H. ONE, SUITE 1702

Suite, Apt. #, etc.	Suite, Apt. #, etc.
9100 S. DADELAND BOULEVARD	9100 S. DADELAND BOULEVARD

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33156	US	33156	US

4. FEI Number	Applied For
65-0955551	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFRANKLIN JONATHAN
DATRAN ONE, P.H. ONE, SUITE 1707
9100 S. DADELAND BOULEVARD
MIAMI FL 33156**7. Name and Address of New Registered Agent**Name
FRANKLIN JONATHAN
Street Address (P.O. Box Number is Not Acceptable)
DATRAN ONE, P.H. ONE, SUITE 1702
9100 S. DADELAND BOULEVARD
City MIAMI FL Zip Code 33156**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** _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D FRANKLIN LORI H	P.H. 1, STE. 1707, 9100 S. DADELAND BLVD.	MIAMI FL 33156	<input type="checkbox"/> Delete
	D FRANKLIN JAMES D	P.H. 1, STE. 1707, 9100 S. DADELAND BLVD.	MIAMI FL 33156	<input type="checkbox"/> Delete
	D FRANKLIN JONATHAN	P.H. 1, STE. 1707, 9100 S. DADELAND BLVD.	MIAMI FL 33156	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D BUCHHOLZ CHRISTINE	3606 KING HENRY DRIVE	BEAVERCREEK OH 45431	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D FRANKLIN LORI H	9100 S. DADELAND BLVD., SUITE 1702	MIAMI FL 33156	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D FRANKLIN JAMES D	9100 S. DADELAND BLVD., SUITE 1702	MIAMI FL 33156	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D FRANKLIN JONATHAN	9100 S. DADELAND BLVD., SUITE 1702	MIAMI FL 33156	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.**SIGNATURE:** Jonathan Franklin D **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)