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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name

: CHARLES BACLET AND ASSOCIATES INC

Account Number: I20080000054 Phone

: (949)955-9585

Fax Number

: (800) 652-6504

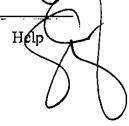
REGISTERED AGENT CHANGE

CORSICA PRODUCTIONS, INC.

Certificate of Status	0
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COVER LETTER

Division of Corporations			
SUBJECT:	CORSICA PRODUCTIONS, INC.		
	(Name of Corporation)		
DOCUMENT NUMBER:	P00000023037		
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence co	ncerning this matter to the following:		
	Sophy Keo		
	(Name of Contact Person)		
	Charles Baclet and Associates, Inc.		
	(Firm/Company)		
	2030 Main Street, Suite 1030		
	(Address)		
	Irvine, CA 92614		
	(City/State and Zip Code)		
For further information concerning	this matter, please call:		
Sophy Keo	at (949) 955-9585 ext 21 Person) (Area Code & Daytime Telephone Number		
(Name of Contact P	'erson) (Area Code & Daytime Telephone Numbe		
Enclosed is a \$35.00 check made p	ayable to the Department of State.		

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

J "

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: CORSICA PRODUCTIONS, INC.					
1. The name of the corporation: CORSICA PRODUCTIONS, INC. 2. The principal office address: 10202 W. Washington Blvd., Culver City, CA 90232					
. The principal of					
. The mailing add	lress (if different):	· · · · · · · · · · · · · · · · · · ·			
. Date of incorpo	ration/qualification:	3/3/2000	Document number:	P00000023037	
i. The name and s Florida Departn		ment registered age	ent and registered office on file	e with the	
	The Pre	entice-Hall Corpo	ration System, Inc.	aran a Vedia	
_	1201 Hayes St., Ste 105		ŽQQ TAL SE		
_	Tallahassee, FL 32301-2525			- 6 - 6 =	
5. The name and s (if changed):	treet address of the ne	w registered agent	(if changed) and /or registered	ET C	
_		NRAI Servic	es, Inc.	<u>~</u> 2	
	27	31 Executive Park	Drive, Suite 4	8: 09 STATE ORIDA	
-	(P.C	D. Box NOT acceptable) Weston, FL		> ' ' '	
- 			· · · · · · · · · · · · · · · · · · ·	of its registered agent	
			address of the business office		
authorized by	he board, or the corpo		d by its board of directors or lottined in writing of the change		
- (Sixos)	TO ST AID OFFICER OF BUTECULOT)		Steven Gofman, Ass	istant Secretary	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as r to comply with the pr nd I am familiar with ing filed merely to rel s been nottfied in wri	egistered agent ar ovisions of all stat and accept the ob- lect a change in th ting of this change	nd agree to act in this capacity lutes relative to the proper mi ligation of my position as regi se registered office address, I	y d complete performance stered ayent. Or, if this hereby confirm that the	
He	ignature of Registered Agent)		7 / 7 / Z 00 2	<u> </u>	
If signing on h	ehalf of an entity:	By: NRAI Services,	Inc		
tratifiting on r					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)