Apr 24, 2003 8:00 am 8 Secretary of State **FILED**

P00000038128

1. Entity Name LESAM PRODUCTIONS, INC.



Principal Place of Business 7945 ALHAMBRA BLVD.

Mailing Address 7945 ALHAMBRA BLVD.

MIRAMAR FL 33023 MIRAMAR FL 3				CHECK HERE IF MAKING CHANGES		
2. PrincipaliPlace of Business 7944 : Alhambra Blyd Suite, Apt. #, etc.		3. Mailing Address 7944 Alhambra Blyd Suite, Apt. #, etc.				
City & State Miramar, FI		City & State MIRAMAR, FI		4. FEI Number 65-1006275	Applied For Not Applicable	
3302	Country U. S. A 6. Name and Address of Curren	33023	Country U.S.A.	Certificate of Status Desired Name and Address of New Regist	Fee Required	
7945 ALHA MIRAMAR	l, Christopher L Ambra Blvd. Fl 33023		7944 City Min. A	Name Christopher L. Campbell Street Address (P.O. Box Number is Not Acceptable) 7944 Alhambra Blvd City Miramar Fl 33023FL Zip Code 33023		
	named entity submits this statement ions of registered agent. Signature, typed or printog hame of registered agent.	L. Camp	s registered office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	l l		Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be Added to Fees	
10.	OFFICERS ANI		11.	ADDITIONS/CHANGES TO OFFICERS		
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CHRISTOPHER L 1537 RIVER REACH DR., APT. 1 ORLANDO FL 32828	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	obell, Christophen 1 4 Alhambra Blva 12Amaa, Fl 3302	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOW, PAULA S 7945 ALHAMBRA BLVD. MIRAMAR FL 33023	☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, TARRICK M 7945 ALHAMBRA BLVD. MIRAMAR FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · ·	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
indicated of the cor	on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address	is true and accurate and that cowered to execute this repor	my signature shall have the t as required by Chapter 607 I.	ection 119.07(3)(i), Florida Statutes, I furth same legal effect as if made under oath; t 7, Florida Statutes; and that my name app	hat I am an officer or director	

SIGNATURE AND TYPED AN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR