2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

Jun 20, 2001 8:00 am DOCUMENT # P00000054739 **Secretary of State** 1. Entity Name 05-14-2001 90043 012 ***150.00 FRANCO PRODUCTIONS, CO. 05-21-2001 90357 006 ***150.00 Principal Place of Business Mailing Address 12877 SW 50TH ST 12877 SW 50TH ST 75126 MIRAMAR FL 33027 MIRAMAR FL 33027 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 Not Applicable Zip Country Country Zip \$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 FRANCO, JASON E Street Address (P.O. Box Number is Not Acceptable) 12877 SW 50TH ST MIRAMAR FL 33027 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition CR2E034 (10/00) Delete TITLE TITLE NAME MARKE FRANCO, JASON E STREET ADDRESS STREET ADDRESS 12877 SW 50TH ST CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-7IP Delete TITLE mu ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Jason Franco

FILED

attachment # + 2000000547391 75126

	E. FRANCO	0548
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attachment #P00000054739

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PS	Form 152, March 1	1999	(See Reverse)	