## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P00000054739 DOCUMENT # 1. Entity Name 05-22-2002 90088 002 \*\*\*150.00 FRANCO PRODUCTIONS, CO. Mailing Address Principal Place of Business 12877 SW 50TH ST 12877 SW 50TH ST REVOTINA MIRAMAR FL 33027 MIRAMAR FL 33027 3. Mailing Address 2. Principal Place of Business 2437 L 2437 W DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-1014934 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCO, JASON E Street Address (P.O. Box Number is Not Acceptable) 12877 SW 50TH ST MIRAMAR FL 33027 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition Jason E. Franco TITI F ☐ Delete TITLE 2437 W. 73 PI Address FRANCO, JASON E NAME NAME STREET ADDRESS 12877-SW-50TH-ST HiAleah FL. 33016 STREET ADDRESS CITY-ST-ZIP MIRAMAR EL 33027 CITY-ST-ZIP Addition FINANCED DIRECTOR TITLE ☐ Delete Yvonne Franco NAME NAME 2437 W 73 Pl. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Aleah CITY-ST-ZIP Change~ - ■ Addition □□ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 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 607, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP