ENTERNATION,								
FILED								
I APR 30 PM 3: 05								
EGRETARYKOF/STATE KLAHASSEE, FLORIDA								
DO NOT WRITE IN THIS SPACE	E							
Number (2011/12	Applied For							
5-1026443	Not Applicable							
tificate of Status Desired Status Desired Required								
ne and Address of New Registered Agent								
Number is Not Acceptable)								
. 22 Street, 4th Floor								
<b>fL</b>   <sup>z</sup>	133° 45							
, or both, in the State of Florida.								
4/23/01								
ting) DATE ***	,							
10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees							
IONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11							
Change Addition Addit								
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DOCUMENT # P0000069635  1. Entity Name			A STATE OF THE STA							
ROCKWELL PRODUCTIONS, INC.						F.	ILED			
Principal Plac	e of Business	Mailing Address					30 PM 3:			
720 OCEAN AVENUE EAST SUITE 507W BOYNTON BEACH FL 33435  720 OCEAN AVENUE EAST SUITE 507W BOYNTON BEACH FL 33435		;			SEGREIPA ABLAHAS	RYLOE/STAY SEE, FLOR	TE IDA			
Principal Place of Business     3. Mailing Address			·							
Suite, Apt. #, etc. Suite, Apt. #, etc.			1		DO NOT WRITE	IN THIS SPACE				
City & State City & State		City & State				Number /	0264	4.3	<del>-+</del>	plied For Applicable
Zip	Country	Zip	Country		<b>5.</b> Ce	ertificate of Sta	atus Desired	□ \$8.75 Fee Re		
	6. Name and Address of Current I	Registered Agent			7. Na	me and Add	ess of New Reg	istered Agent		
			Nam	ie						
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE		Stree	Street Address (P.O. Box Number is Not Acceptable)							
CORAL GABLES FL 33134					).22	Street,	4th F	100	· C	
			City	Miai	$\eta_i$			FL   📆	Code	45
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATURE CY:					l when rain:	stating)		4/23/01		
Signature, typed of printer hause of registered acent net to it applicable. (NOTE: Reg stered Agent signature required when re								1, (s	<del>, _</del> _	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to D		01 Fee will be	\$550.00	te		Campaign Finan nd Contribution.			May Be to Fees	
			<u> </u>			ITIONIO (OLIVA)	IOCO TO OFFICE	FOR AND DIDEO	TO 00	151.4.4
11.			12.	<del>-,</del>	AUU	HIUNS/CHAI	NGES TO OFFICE	<del></del>		
TITLE NAME STREET ADDRESS	PD Rockwell, James 720 Ocean Avenue East Suiti	☐ Delete	TITLE NAME STREET ADDRE	ss S		400	<b>0041</b> 1	□ <sup>□ ™</sup> 61994 101064-	4_	Addition
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	-	191.		****150	.00 ***	<u> 150</u>	Addition
NAME	ROCKWELL, JENNIFER	☐ Delete	TITLE NAME STREET ADDRE					☐ Cha	nye	☐ Mucitioli
STREET ADDRESS CITY-ST-ZIP	120 OCEAN MENOR ENDINGER OF ME			25	<del></del> ,,	<del></del>				
TITLE NAME STREET ADDRESS	D ROCKWELL, CHRISTIAN 720 OCEAN AVENUE EAST	Delete	TITLE NAME STREET ADDRE	ss				☐ Cha	nge	Addition .
CITY-ST-ZIP	BOYNTON BEACH FL 33435	<u> </u>	CITY-ST-ZIP	_						<u> </u>
NAME-1 STREET ADDRESS	D ROCKWELL, AMANDA 720 OCEAN AVENUE EAST	☐ Delete	TITLE NAME STREET ADDRE	ss				☐ Cha	nge	☐ Addition
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Cha	nge	Addition
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STREET ADDRESS CITY-ST-ZIP		**************************************	STREET ADDRE	SS		<u></u>		<del></del>		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	SS				,	o L	•
UITT-31-71F			CITY-ST-ZIP							

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, bith all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #