2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2001 8:00 am DOCUMENT # P00000076121 **Secretary of State** PRODUCTION STYLE, INC. 03-08-2001 90014 010 ***150.00 Principal Place of Business Mailing Address 19380 COLLINS AVE APT 605 19380 COLLINS AVE APT 605 SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 4906 Arthur Street 4906 Arthur Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hollywood, Hollywood 65-1038623 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33021 Fee Required Broward 33021 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHER, REBECCA Street Address (P.O. Box Number is Not Acceptable) 19380 COLLINS AVE APT 605 <u>4906 Arthur Street</u> SUNNY ISLES BEACH FL 33160 City Hollvwood Zip Code 33021 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE (A) Change SHER. REBECCA Sher, Rebecca NAME NAME 4906 Arthur Street STREET ADDRESS 19380 COLLINS AVE APT 605 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 Hollywood, FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE. . Delete TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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), 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 like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR