2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Jan 30, 2001 8:00 am **DOCUMENT # P0000093398 Secretary of State** 1. Entity Name SICK PRODUCTIONS, INC. 01-30-2001 90159 041 ***150.00 Principal Place of Business Mailing Address 555 NE 34TH ST., SUITE 1008 555 NE 34TH ST., SUITE 1008 MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address 1174 11 Th STREET 9251 5.W. STREET 9251 5. W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 1050822 Applied For City & State 4. FEI Number FLORI OA MIAMI Not Applicable MIAMI RORWA \$8.75 Additional 5. Certificate of Status Desired 33174 U54 Fee Required U54 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIVANCO, JUAN Street Address (P.O. Box Number is Not Acceptable) 555 NE 34TH ST., SUITE 1008 **MIAMI FL 33137** City ハーナハー 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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. (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 Change ☐ Addition VIVANCO, JUAN NAME NAME 11 Th STREET 555 NE 34TH ST., SUITE 1008 STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Detete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition 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 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.