P01000094771

| (Re | questor's Name) | | | |
|---|---------------------|--------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone # |) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Name) | | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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R/O Chg -

TRANSMITTAL LETTER

Media Production Corporation SUBJECT: (Name of corporation) DOCUMENT NUMBER: P01000094771 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas Colucci (Name of person) Media Production Corporation (Name of firm/company) 2561-2 E. Aragon Blvd (Address) Sunrise, FI 33313 (City/state and zip code) For further information concerning this matter, please call: Thomas Colucci 954) 747-3101 (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section
Division of Corporations
409 E. Gaines Street Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | • | 0502, 617.0502, 607.1508, or 617.150 | |
|-----------------------------------|---|--|--|
| this statement of | • | rporation organized under the laws of | • |
| of Florida. | | registered office or registered agent, | or boin, in the state |
| 1. The name of | the corporation: Media Produ | ection Corporation | |
| 2. The principa | office address: 2561-2 E. A | ragon Blvd | |
| | Sunrise, FI | 33313 | · |
| 3. The mailing | address (if different): | | |
| 4. Date of inco | rporation/qualification: Sep | t, 27, 2001 Document number: | P01000094771 |
| | nd street address of the current artment of State: Thomas Colucci | registered agent and registered office of | on file with the |
| | _ ≥ ₄ 8 | | |
| | Pembroke Pines, FL 33026 | | CRE SEP |
| 6. The name a changed): | | registered agent (if changed) and /or | O3 SEP 17 PM 12: 22 SECRETARIS OF STATE ALLAHASSEEE, FLORII registered officere, FLORII |
| | 2561-2 E. Aragon Blvd | | LORII LORII |
| | (P.O. Box or pe Sunrise, FL 33313 | rsonal mailbox NOT acceptable) | |
| The street addragent, as chang | ress of its registered office and ged will be identical. | d the street address of the business off | ice of its registered |
| Such change wanthorized by | vas authorized by resolution di the heard or the corporation h | uly adopted by its board of directors on as been notified in writing of the char | r by an officer so ige. |
| Nignature of an office | Chairman of the board) | Thomas Coluccci - Pres. (Printed or typed name and title | (6) |
| I hereby accep I further agree | t the appointment as registere | ed agent and agree to act in this capaces of all statutes relative to the proper of with and accept the obligation of mying filed merely to reflect a change in poration has been notified in writing of | city. and complete |
| | Signature of Registered Agent) | 8/30/03 (Date) | |
| If signing on beha | | () | |
| | (Typed or Printed Name) | (Capacity) | <u></u> |

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLOREDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314