## P01000096077

(Requestor's Name)					
(Ade	dress)				
(Add	(Address)				
(City	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(But	siness Entity Nar	me)			
<b>V</b>	•	,			
(Dos	cument Number)	<u> </u>			
(50)					
Cartified Canina	Cadificates	a of Status			
Certified Copies	Certificates	S Of Status			
Special Instructions to F	Filing Officer:	İ			
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R4/105

## **COVER LETTER**

Division of Corporations		
SUBJECT:	SB Productions	
	(Name of Corpora	tion)
DOCUMENT NUMBER:	P01000096077	
The enclosed Statement of Change	of Registered Office/Ager	at and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the	following:
	William Beasle	
-	(Name of Contact P	erson)
	(Firm/Company	·)
	1 Oakwood Blvd,	Suite 200
	(Address)	
	Hollywood, Florida	33020
	(City/State and Zip	
For further information concerning	this matter, please call:	•
Nikki Sepulvad	O st (	954 \ 775-4978
(Name of Contact P	erson)	954 775-4978 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made p	ayable to the Department o	f State.
Mailing A	ddress: ent Section	Street Address: Amendment Section
	ent Section of Corporations	Amendment Section Division of Corporations
P.O. Box		Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

TO:

Amendment Section

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

-	-		2, 607.1508, or 617.1508, Flo ized under the laws of the Sta		
in orde	r to change its regist	ered office or registe	red agent, or both, in the Sta	te of Florida.	
1. The name of t					
The principal office address:					
<del></del>		Hollywo	od, Florida 33020		
3. The mailing a	ddress (if different):_				
4. Date of incorp	ooration/qualification	: 10/02/2001	Document number: P0	1000096077	
	street address of the tment of State:	current registered as	ent and registered office on f	file with the	
		Shelby R. M	lims		
	1	Oakwood Blvo	d, Suite 200		
	<u> </u>	Hollywood, Flo	rida 33020	05 S	
6. The name and (if changed):	street address of the	new registered agen	t (if changed) and /or register	(D*	
		Hugh McN	lew		
		707 NE 195th	Street		
		P.O. Box NOT acceptable)	Elorido 22170		
			, Florida 33179	<u></u>	
The street addre	ss of its registered o be identical.	ffice and the street	address of the business offic	e of its registered agent,	
Such change wa authorized by th	is authorized by reso te board, or the corp	olution daly adopted oration has been not	by its board of directors or ified in writing of the chang	by an officer so ge.	
(Signatu	fe of an officer or director	<del></del>	Brandon Samuels F	President Director	
		registered agent and covisions of all statu and accept the obli- flect a change in the ting of this change.	l agree to act in this capacil tes relative to the proper an gation of my position as reg registered office address, l		
1-			September	15, 2005	
(Sig	nature of Registered Agent)		(Date)	<del></del>	
If signing on bel	half of an entity:				
	gh McNew				
(T)	yped or Printed Name)	* * * FILING FE	F, 535 AA * * *		
		TILLING FE.	E POPO		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)