FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90221 033 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000018492

1. Entity Name
GOOD TIME BOYS PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
168 CEDARWOOD VILLAGE CIRCLE DAYTONA BEACH, FL 32119	168 CEDARWOOD VILLAGE CIRCLE DAYTONA BEACH, FL 32119

2. Principal Place of Business		3. Mailing Address	
12470 N.W. 15th PLACE		12470 N.W. 15th PLACE	
Suite, Apt. #, etc.: APT. 202		Suite, Apt. #, etc.: APT. 202	
City & State: SUNRISE FL		City & State: SUNRISE FL	
Zip: 33323	Country: USA	Zip: 33323	Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0553340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: GARCIA, GABRIEL T STREET ADDRESS: 168 CEDARWOOD VILLAGE CIRCLE CITY-ST-ZIP: DAYTONA BEACH, FL 32119	☐ Delete	TITLE NAME STREET ADDRESS: 12470 N.W. 15th PLACE #202 CITY-ST-ZIP: SUNRISE FL 33323	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Gabriel Garcia — 2-21-03 — 386-589-4581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #