

P02000036463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

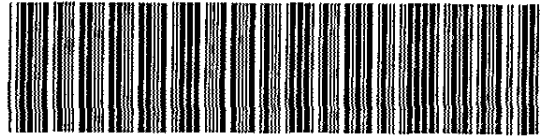
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2003 OCT 28 PM 1:35

R. A. Change  
LFT  
10-28-03

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ANGELS MEDIA PRODUCTIONS, INC.  
(Name of corporation)

DOCUMENT NUMBER: P02000036463

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:

JENNIFER STOW  
(Name of person)

AMP, INC  
(Name of firm/company)

2929 BAYSHORE POINTE DR  
(Address)

TAMPA, FL 33611  
(City/state and zip code)

For further information concerning this matter, please call:

JENNIFER STOW at ( 813 ) 839-0702  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 17, 2003

Jennifer Stow  
% ANGELS MEDIA PRODUCTIONS, INC.  
2929 Bayshore Pointe Drive  
Tampa, FL 33611

SUBJECT: ANGELS MEDIA PRODUCTIONS, INC.  
Ref. Number: P02000036463

We have received your document for ANGELS MEDIA PRODUCTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete the name of the new registered agent.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson  
Document Specialist Supervisor

Letter Number: 903A00056860

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANGELS MEDIA PRODUCTIONS, INC  
2. The principal office address: 2929 BAYSHORE POINTE DR.  
TAMPA, FL 33611  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/2002 Document number: PO2000036463  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

HEATHER HIGDON

398 VENTURA DR.

(P.O. Box or personal mailbox NOT acceptable)

OLDSMAR, FL 34677

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

JENNIFER K. SEDW  
(Signature of an officer or director)

JENNIFER K. SEDW  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Heather Higdon  
(Signature of Registered Agent)

Oct. 6, 2003  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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

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