

DOCUMENT # P05109  
1. Entity Name  
SOUTHERN FILM EXTRUDERS, INC.

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90087 031 \*\*\*158.75

Principal Place of Business  
1829 EASTCHESTER DRIVE  
PO BOX 2104  
HIGHPOINT NC 27265  
US

Mailing Address  
PO BOX 2104  
PO BOX 2104  
HIGHPOINT NC 27261  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 56-0852383  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS  
TITLE P  
NAME MARTINEZ, JOSEPH  
STREET ADDRESS 1829 EASTCHESTER DRIVE, SUITE 100  
CITY-ST-ZIP HIGHPOINT NC  
VS  
NAME BARNES, JOHN  
STREET ADDRESS 1829 EASTCHESTER DRIVE, SUITE 100  
CITY-ST-ZIP HIGHWAY POINT NC

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
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 or without other like empowered.

SIGNATURE: *John L. Barnes, Jr.* JOHN L. BARNES, JR. 1/3/01 376 885  
VP Date Daytime Phone # 8091

CR2E034 (10/00)