

**FILED**  
**Apr 16, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90043 026 \*\*\*150.00

**DOCUMENT # P92000001751**

1. Entity Name

**ONE WOMAN PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

3280 CYPRESS CREEK DRIVE  
 POMPANO BEACH FL 33062

3280 CYPRESS CREEK DRIVE  
 POMPANO BEACH FL 33062-6802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0387360

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

MOHNBLATT, VICTORIA  
 3280 CYPRESS CREEK DRIVE  
 POMPANO BEACH FL 33062

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP  Delete  
 NAME: MOHNBLATT, VICTORIA  
 STREET ADDRESS: 3280 CYPRESS CREEK DR.  
 CITY-ST-ZIP: POMPANO BEACH FL

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VP  Delete  
 NAME: SARA DE MOHNBLATT  
 STREET ADDRESS: 3280 CYPRESS CREEK DR.  
 CITY-ST-ZIP: POMPANO BEACH FL

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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 all other like empowered.

SIGNATURE: Victoria Mohnblatt **DURED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/99

Date

954-7868904

Daytime Phone #

Victoria Mohnblatt

CR2E034 (9/99)