

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



Secretary of State
Tallahassee, Florida

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4: 23

DOCUMENT # P93000008580 (1)

U.S. 1 PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 518 INDUSTRIAL AVE.		26 518 INDUSTRIAL AVE.		01/26/1993	04/22/1994
22 #14		27 Suite Apt. #, etc. #14		4. FEI Number	Applied For
23 BOYNTON BEACH, FL		28 BOYNTON BEACH, FL		65-0383666	Not Applicable
24 33426	25 USA	29 33426	30 USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing	\$5.00 May be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				7. This corporation has liability for intangible tax under S. 199.03, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONNORS, MICHAEL W 515 N FLAGLER DR SUITE 1900 WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. For each of the provisions of Sections 607.0500 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

APPROVED: _____ (Signature of Registered Agent) _____ (Signature of Corporation Officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
VS ZEINERT, LAUREL 10453 BOYNTON PLACE CIR BOYNTON BEACH FL		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P MOTT, THOMAS P 10453 BOYNTON PL CIR BOYNTON BCH FL		12 NAME	
		13 STREET ADDRESS	
		14 CITY- ST- ZIP	
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY- ST- ZIP	
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY- ST- ZIP	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY- ST- ZIP	
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY- ST- ZIP	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY- ST- ZIP	

14. I, the undersigned, do hereby certify that the information required with this filing was voluntarily furnished and checked and ready for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information provided on this filing is true and accurate and that my signature shall have the same legal effect as if made in person. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears on the list of officers and directors of the corporation with an address.

SIGNATURE: THOMAS P. MOTT 2/21/95 1-407-369-4709