2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

9016 FROUDE AVENUE

SURESIDE EL 33154-3216

P93000037702 **DOCUMENT #**

1. Entity Name

Principal Place of Business

9016 FROUDE AVENUE

ARGÓW PRODUCTIONS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

003 90435 047 ***150.00

01-13-2

Surie, Apt. #, ofc. Suite, Apt. #, ofc. City & State Ci	JS			US	US							
City & State City & State Country Zip Country St. Certificate of Status Desired S8.75 Agational Fee Required	2. Principal Place of Business			3. Ma	3. Mailing Address							
City & State City & State City & C	Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKI			ING CHANGES				
See Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Altan May 1, 2003 Fee will be \$550.00 Alter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS DIRECTORS SIRRET ADDRESS CITY-SI-Zip Delete NAME SIRRET ADDRESS CITY-SI-Zip Delete TITLE NAME SIRRET ADDRESS CITY-SI-Zip CITY-SI-Zip TITLE NAME SIRRET ADDRESS CITY-SI-Zip CITY-S	City & State City & State			y & State	4.			El Number 65-0414348	<u> </u>			
KELLEY, CHRISTOPHER P 11098 BISCAYNE BLVD # 205 MIAMI FL 33161 City FL Zp Code City FL Zp Code City FL Zp Code City FL Code	Zip Country			Zip	Zip Country							
Number		6. Name a	nd Address	of Current Register	red Agent			7. N	ame and Address of New Registered	Agent		
# 205 MIAMI FL 33161 City FL Zip Code # Annual FL 33161 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code							Name		,			
# 205 MIAMI FL 33161 City FL Zip Code 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 acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent and the inspectation. SIGNATURE Signature, hoped or printed name of registered agent and the inspectation. (NOTE Registered Agent segreture required when rentating) DATE							Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33161 City FL Zip Code 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 accompliance of registered agent of registered agent sprature registered agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent agent agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent, or both, in the State of Florida. I am familiar with, and accompliance of registered agent, or both in the State of Florida. I am familiar with, and accompliance of registered agent, or both in the State of Florida. I am familiar with, and accompliance of registered agent, or both in the State of Florida. I am familiar with, and accompliance of registered agent, or both in the State of Florida. I am familiar with, and accompliance of registered agent, or both in the State of Florida. ITLE		CAYNE BLVI	j									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Frortida. I am familiar with, and acc the colligations of registered agent. SIGNATURE SIGNATUR	# 205									- T 7:- C-4		
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad name of registered agent and life if applicable. Note: The payable of Fee May 1, 2003 Fee will be \$550.00 Added to Fees Make Check Payable to Floridad Department of State							1 '		_	┗ `		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-2P UTILE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS C	B. The above the obligation	named entity ons of register	submits this s red agent.	tatement for the pu	rpose of changing its	register	ed office or regis	stered age	ent, or both, in the State of Florida. Tar	n tarnıllar witin,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10.	SIGNATURE _	Signature, typed or	r printed name of n	egistered agent and title if a	pplicable. (NOT	E: Registere	ed Agent signature requ	uired when re	einstating) DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	May 1, 2003	3 Fee will b	e \$550.00					Trust Fund Contribution.	Added	to Fees	
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of the the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is a supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i).	NAME STREET ADDRESS					NA ST C1	AME TREET ADDRESS TY-ST-ZIP		440 07/0V/) Clasida Stabidao I furtha	cortify that the	information	

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. 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 eath; that I am an officer or director 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 eath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute his 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:

ME OF SIGNAL OFFICER OR DIRECTOR