2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P94000033464** HERSEY PRODUCTIONS, INC. 02-01-2000 90025 040 ***150.00 Mailing Address Principal Place of Business 4062 NE 7TH AVENUE 4062 NE 7TH AVENUE OAKLAND PARK FL 33334-3028 OAKLAND PARK FL 33334 3. Mailing Address 2. Principal Place of Business $\mathcal{J}\mathcal{F}$ GRENCE (Eenke 110 M.W. ١١ها NV Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. O City & State Applied For ity & State 4. FEI Number 65-0488608 レタンスタフィッツ Not Applier マット・イン・ \$8.75 Additional 5. Certificate of Status Desired 25324 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERSEY, RON Street Address (P.O. Box Number is Not Acceptable) 611 NW 76TH TERRACE PLANTATION FL 33324 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change ☐ Delete TITLE TITLE HERSEY, LAURIE-ALTERMAN NAME NAME STREET ADDRESS STREET ADDRESS 611 NW 76 TERRACE CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP PD ☐ Change ☐ Delete ■ Addition TITLE NAME HERSEY, RON 611 NW 76 TERRACE STREET ADDRESS STREET ADDRESS CITY ST-ZIP -CITY-ST-ZIP" = PLANTATION FL 33324° ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF City-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS CITY-ST-ZIP

1/26/00 954-472-7890

Daytime Phone #