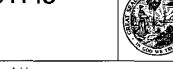
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000084143 **DOCUMENT #**

1. Entity Name

BARD PRODUCTIONS, INC.



Principal Place of Business 4506 N.W. 73RD AVENUE

Mailing Address P.O. BOX 75-8289

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90486 018 ***150.00

CORAL SPRINGS FL 33065			CORAL SPRINGS FL 33075 US					
2. Principal Place of Business			3. Mailing Address			100		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State		4.	FEI Number 65-0539900	Applied For Not Applicable	
Zip Country			Zip	Country	5.	5. Certificate of Status Desired		
	6. Name	and Address of Current I	Registered Agent		7.	7. Name and Address of New Registered Agent		
BARD, BRUCE 4506 N.W. 73RD AVENUE CORAL SPRINGS FL 33065					Name Street Address (P.O. Box Number is Not Acceptable)			
;		¢		City		FL Zip Code		
	named entity tions of regist		the purpose of changing its	registered office or re	gistered ag	gent, or both, in the State of Florida. I ar	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature r	equired when re	einstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
10.		OFFICERS AND (DIRECTORS	11	AC	DDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4605 N.W.	yllis woodfi . 73rd ave Prings fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		UCE 73RD AVE PRINGS_FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		مجرد سب و سب این او بر داری	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied with t or supplemental report the receiver or trusted expor- schment with an address, w	this filing does not qualify for frue and accurate and that of wered to execute this ropoliti ith all other like empowers.	r the exemption stated an signature shall have as required by Chapte	in Section the same I r 607, Florid	119.07(3)(i), Florida Statutes. I further c legal effect as if made under oath; that da Statutes; and that my name appears	ertify that the in I am an officer of in Block 10 or	or director Block 11 if

SIGNATURE: