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## Mar 21, 2001 8:00 am DOCUMENT # P94000088953 Secretary of State SUNSHINE PRODUCTIONS, INC. 03-21-2001 90064 001 \*\*\*150.00 Principal Place of Business Mailing Address 5400 HANCOCK ROAD 5400 HANCOCK ROAD UUU4/8UU FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330 2. Principal Place of Business 3. Mailing Address 11042 Boston Drive Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FÉI Number 65-0549183 Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name M. Mercer MERCER, DIANE M Street Address (P.O. Box Number is Not Acceptable) - 11042 BOSton Prive 5400 HANCOCK ROAD FT LAUDERDALE FL 33330 CityCooper City 33826 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 (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete NAME MERCER, DIANNE M NAME Boston Drive City Pr 33016 STREET ADDRESS STREET ADDRESS 5400 HANCOCK ROAD CITY-ST-ZIP CITY-ST-ZIE FT LAUDERDALE FL TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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