2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

D TYPED OR PRINTED NAME OF SIGNING OF

DOCUMENT # P95000016842 May 12, 2000 8:00 am Secretary of State NEW RIVER POST PRODUCTION, INC. 05-12-2000 90043 033 ***150.00 Mailing Address Principal Place of Business 408 S. ANDREWS AVE., STE. 104 408 S. ANDREWS AVE., STE, 104 FT. LAUDERDALE FL 33301-2827 FT. LAUDERDALE FL 33301 2. Principal Place of Business 4-671 Sw 3874 Mailing Address 16715い 38TH Tビス Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied.For 4. FEI Number AUS LRDAGE FC 65-0567589 CAVDORDAL Not Applicable \$8.75 Additional P Dunard 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LAWRENCE JANS CAYIA, VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 408 S. ANDREWS AVE., STE. 104 FT. LAUDERDALE FL 33301 ty/or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this stateme SIGNATURE (NOTE: Registered Agent signature required when reinstating) nt and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition. ☐ Change _ ☐ Delete TITLE TITLE CAYIA, PAULINA NAME. NAME STREET ADDRESS 2237 NE-15 CT. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE CAYIA, VIRGINIA NAME NAME STREET ADDRESS 1910 NE 42 ST. STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP OAKLAND PARK FL 33308 ☐ Change ☐ Addition ☐ Delete TITLE JANUS, LAWRENCE A *** \ NAME NAME STREET ADDRESS 4671 SW 38 TER. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition _ 🔲 Delete TITLE 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 citalify 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 rustee 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 life empowered.