2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P95000019681 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** GRIDI OCK PRODUCTIONS, INC. 01-18-2000 90133 039 ***150.00 Principal Place of Business Mailing Address 329 JACARANDA DRIVE 329 JACARANDA DRIVE PLANTATION FL 33324-3009 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0587186 Not Applicable Country **\$8.75** Additional Zip, Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBBINS, JONATHAN S % 200 E. LAS OLAS BLVD. **SUITE 1900** FT. LAUDERDALE FL 33301 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE ROBBINS, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS 329 JACARANDA DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change Addition ☐ Delete TITLE TITLE NAME ROBBINS, IRIS NAME STREET ADDRESS STREET ADDRESS 329 JACARANDA DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324. Change ☐ Addition TITLE ☐ Delete TITLE ROBBINS, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 329 JACARANDA DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change [] Addition ☐ Delete TITLE TITLE ROBBINS, JONATHAN S NAME NAME STREET ADDRESS STREET ADDRESS 329 JACARANDA DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

IS ROBBINS