2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000049878** Apr 18, 2000 8:00 am Secretary of State MUNRO PRODUCTIONS, INC. 04-18-2000 90251 035 ***150.00 Mailing Address Principal Place of Business 5555 N.W. 95TH AVE. 5555 N.W. 95TH AVE. SUNRISE FL 33351-4320 SUNRISE FL 33351 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0590794 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASSON, A.J. Street Address (P.O. Box Number is Not Acceptable) 5555 N.W. 95TH AVE. SUNRISE FL 33351 Zip Code City 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 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE Change ☐ Addition TITLE MUNRO, MAX NAME NAME STREET ADDRESS STREET ADDRESS 5555 N.W. 95TH AVE. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Change ☐ Addition Delete TITLE MAC DONALD, JOHN S NAME NAME 5555 N.W. 95TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ De ete TITLE WASSON, A.J. NAME STREET ADDRESS STREET ADDRESS 5555 N.W. 95TH AVE. CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE BURRELL, EVELYN NAME STREET ADDRESS STREET ADDRESS 5555 N.W. 95TH AVE. CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #