## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000070930 Apr 27, 2000 8:00 am Secretary of State AMAZONA PRODUCTIONS, INC. 04-27-2000 90081 026 \*\*\*158.75 Mailing Address Principal Place of Business \* MITCHELL A. SILVER & CO. WILSON ST. % MITCHELL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592 HOLLYWOOD FL 33022-3888 1953 2. Principal Place of Business 3. Mailing Address 26 48 Wil Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State 65-0706078 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 AMELLER, THIERRY Street Address (P.O. Box Number is Not Acceptable) 10. 3. MITCHELL A. SILVER EA 2648 WILSON STREET Zip Code City HOLLYWOOD, FL pose of changing its registered office or registered agent, or both, in the State of Florida 33020-1953 SIGNATURE (NOTE, Redistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE AMELLER, THIERRY Clo M A. S. NAME NAME 2648 W Ilau STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 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-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TiTI F TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

922-0886

Daytime Phone #