1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700008100 (4)

MOTHERSHIP PRODUCTIONS, INC.

FILED

98 OCT 16 PM 4: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Delevine Die ee | of Dunings | Marija - Adda | | |
|---|---|------------------------------------|---|--|
| Principal Place | | Mailing Address | | |
| 48 20 NORTH 31 | | 4820 NORTH 31 COURT | | |
| HOLLYWOOD FI | - 33021 | - HOLLYWOOD-FL-33021- | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified |
| | | | | 01/27/1997 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| | N. VERMONT AVE | 26 1954 HILL | HURST AVE | 0 mm mm = 4 km2 mm = 1 |
| Suite, Apt. | | Suite, Apt. #, etc. | 100/051 / (00 | 572 \$9.75 Additional |
| 22 | - | 27 | | .5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | 3 . | City & State | w. | 6. Election Campaign Financing \$5.00 May Be |
| 23 LOS ANGELES CA 28 LOS ANGELES CA | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 90 | 027 25 USA | 29 90027 3 | i us/ | A Personal Property Tax due June 30. X Yes No |
| | 9. Name and Address of Current I | T (- | | 10. Name and Address of New Registered Agent |
| | | | | |
| | NORTH 31 COURT | | | ROBERT B. SHITH, ESQ. |
| 02 Odest Addit | | | | ddress (P.O. Box Number is Not Acceptable) E WHITE DUILDING - SUITE 208 |
| 17002 | | | 93 7 | |
| | | | | NE N.E. 2NA AVENUE |
| | | | 84 City | TIAHI FL 85 Zip Code 2 |
| 11. Pursuant | to the provisions of sections SO7 (ISO2 a | and SOT 1509 Florida Statutos | the above named ass | |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I amnumitar with, and accept the dispations of, section 607.0505 Florida Statutes. | | | | |
| agent, la | mamiliar with, and accept the db gatit | ns of, section 607.0505 Florid | la Statutes. | |
| SIGNATURE Standards, typed or printing name of registers of gent and tight explicative (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| 12. | Signature, typed or printed name of registered each at a OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PTD | | 1.1 TITLE | Addition |
| NAME | SALTZMAN, IRA R | ☐ DELETE | 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | — · · — |
| STREET ADDRESS | 4820-NORTH-31-COURT | | 1.3 STREET ADDRESS | DAIN N. VERMONT AVE. |
| | HOLLYWOOD-FL-33021 | | 1.3 STREET ADDRESS | 2310 N. VERMONT AVE. LOS ANGELES CA 90027 |
| CITY-ST-Z:P | VSD | | 1.4 CITY-ST-ZIP 2.1 TITLE | |
| | MARTIN, CRAIG | DELETE | | Change |
| NAME | 9861 S.W. 6TH STREET | | 2.2 NAME | 2400 N. COMMONWEALTH AVE. |
| STREET ADDRESS | | | | LOS ANGELES CA 90027 |
| CITY-ST-ZIP | PEMBROKE PINES-FL 88025 | | 2.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 3.1 TITLE | ☐ Change ☐ Addition ↓ |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | <u> </u> |
| TITLE | | DELETE | 4.1 TITLE | 500026682868 -10/20/98019640220diton ****558.75 ****558.75 |
| NAME | | | 4.2 NAME | ****558.75 ****558.75 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE \ | | DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME \ | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |
| | tify that the information eupplied with th | le filing door not qualify for the | everentian stated in a | cartion 119 07/31(i) Florida Statutes I further certify that the information |

.1 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 in at the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under bab; 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 providing appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE RECTIRATED SALTEMAN 9

9/21/98

323/661-4700

CR2E034 (5/98)