## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P97000018107 1. Entity Name SILVER LINING PRODUCTIONS, INC. 05-14-2002 90021 039 \*\*\*150.00 Principal Place of Business Mailing Address 7282 BALLANTRAE COURT 7282 BALLANTRAE COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address FLORIDA 7282 BALLANTRAE CT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BOCA 65-0735791 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALPERT, LINDA Street Address (P.O. Box Number is Not Acceptable) 7282 BALLANTRAE COURT **BOCA RATON FL 33496** City Zip Code FL 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.

May 14, 2002 8:00 am § Secretary of State



SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Tax filing requirement and elects to do so.  After May 1, 2002		FEE IS \$150.00 Fee will be \$550.00 to Department of State	Tours From al Constaller size	10. Election Campaign Financing \$5.00 May B Trust Fund Contribution.  Added to Fees		
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALPERT, LINDA 7282 BALLANTRAE COURT BOCA RATON FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition Addition CR26034
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	The second secon	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 24 . as incompression of the contract of the	Change با روسان المساور	☐ Addition . ~
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Addition
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.  SIGNATURE:    Signature and Typeo or Prinyfed NAME OF SIGNING OFFICER OR DIRECTOR						
				· //	Daylino i none w	٠,