## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 HAY **05** PH to 13 DOCUMENT # P97000069654 1. Corporation Name STAIL. DE/ELLA PRODUCTIONS, INC. Principal Place of Business Mailing Address 1201 S.W. 141ST AVE. 1201 S.W. 141ST AVE. PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 3. Date Incorporated or Qualifed 08/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **NOT APPLICABLE** 21 Not Applicable 26 Suite, Apl. #, alc. Suite, Apl. F. etc. \$8.75 Add tional 5. Certificate of Status Desired  $\Box$ Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees Country Zio Country This corporation owes the current year Intangible 25 29 30 Personal Property Tax. 24 9- Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELLA, MS Street Address (P.O. Box Number is Not Acceptable) 1201 S.W. 141ST AVE. PEMBROKE PINES FL 33027 83 11. Pursuant to the provisions of Soctions 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, typed or printed name of registered against and title If applicable (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE MLE 1.1 TITLE Change Addition CR2E034 NA ELLA, MS 12 NAME 1201 S.W. 141ST AVE. 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CETY-ST-ZP 14 CITY-51-21P Addition DELETE Change TITLE 21 TILE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CRY-\$1-21P 2.4 DITY-ST-ZIP DELETE ☐ Chenge A1 TITLE NAME 12 HAME 3.3 STREET ADDRESS **BITREET ADORES** CITY-ST-ZIP 34 CITY-ST 2P DELETE [] Change Addition 41 TITLE TITLE STREET ADDRESS 4.3 STREET ADDRESS CRY-ST-ZP 4 4 CITY-5T-ZIP DELETE Addition Change 8.1 TITLE TITLE MARK 5 3 STREET ADDRESS STREET ACCRES 54 CRY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE TITLE **6.2 NAME** NAME 6.3 STREET ADDRESS 6.4 CITY-ST-28P 14. 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 indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each that officer or director of the berphysision or their each grant process of the properties of the same legal effect as if made under each that my name application of the same legal effect as if made under each triple in the same legal effect as if

BINTED HAME OF BIGNING OFFICER OR DIRECTOR