

FILED
May 05, 2001 8:00 am
Secretary of State

04-02-2001 90080 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000074296

1. Entity Name: Joff-Art Productions International, Inc.

Principal Place of Business: 5760-B Coach House Circle, Boca Raton, FL 33486
Mailing Address: 5760-B Coach House Circle, Boca Raton, FL 33486

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: 65-078980 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: HCRM Corp, 2200 Corporate Boulevard Northwest, Suite 401, Boca Raton, FL 33431
7. Name and Address of New Registered Agent:

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.
SIGNATURE: [Signature] DATE: 4/10/01
NOTE: Registered Agent signature required (no initials)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!! FEES \$150.00 AFTER MAY 1, 2001 Fee will be \$550.00! Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: Schinman, Harold E. STREET ADDRESS: 5760-B Coach House Circle CITY - ST - ZIP: Boca Raton, FL 33486	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information indicated on this 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; and that my name appears in Block 11 or Block 12 if checked as an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/00)

[Signature] President 561-367-0055
5/1/01