FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91870 019 ***150.00

80114132

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089627

1. Entity Name
FULL REIGN STUDIOS AND PRODUCTIONS INC.

Principal Place of Business	Mailing Address
12124 N.W. 36TH PLACE FORT LAUDERDALE, FL 33323	12124 N.W. 36TH PLACE FORT LAUDERDALE, FL 33323

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0836913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KOLODIN, ADAM~~ ~~5238 SW 122 TERRACE~~ ~~COOPER CITY, FL 33330~~ KOLODIN, ADAM 12124 N.W. 36TH PL SUNRISE, FLORIDA 33323	Name Street Address (P.O. Box Number is Not Acceptable) 12124 NW 36TH PLACE SUNRISE, FLORIDA, 33323 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLODIN, ADAM 5238 SW 122 TERR COOPER CITY, FL 33330	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) KOLODIN, ADAM 12124 N W 36 PL SUNRISE, FLORIDA 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adam G. Kolodin — ADAM G. KOLODIN (CEO) (954) 328-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #