

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90094 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000093579					
1. Entity Name PRODUCTION NETWORK LEASING, INC.					
Principal Place of Business 5383 ALTON RD MIAMI BEACH, FL 33140		Mailing Address 5383 ALTON RD MIAMI BEACH, FL 33140			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0792206	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHHOLZ, KRIS 5383 ALTON RD MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number Is Not Acceptable)	
				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 <i>Kris B. BUCHHOLZ</i> DATE <i>4/10/03</i>					
FILE NOW!!! FEE IS: \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State \$150.00					
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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUCHHOLZ, DOUGLAS		NAME		
STREET ADDRESS	7901 W. 116TH ST		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK, KS 62210		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUCHHOLZ, KATHY		NAME		
STREET ADDRESS	5383 ALTON RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUCHHOLZ, KRIS		NAME		
STREET ADDRESS	5383 ALTON RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 the like empowered.					
SIGNATURE: <i>Douglas W. BUCHHOLZ</i> DATE: <i>04/07/03</i> DAYTIME PHONE: <i>816-480-2575</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90083838



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)