2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000022127 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** IN FOCUS PRODUCTIONS, INC. 03-03-2000 90009 027 ***150.00 Principal Place of Business Mailing Address 644 40TH STREET 644 40TH STREET SARASOTA FL 34232-3236 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address 2108 Robinson Ave 2108 Robinson ne Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0823339 610e5762 640*e516*2 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA. usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINNER, JACK D Street Address (P.O. Box Number is Not Acceptable) 644 40TH STREET SARASOTA FL 34234 2108 Robinson Avenue Zip Code ラリス32 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE WINNER, JACK D NAME NAME 2108 Robinson Avenue 644 40TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP 531250ta, FL 34232 ☐ Delete TITLE WHATLEY, KAREN NAME NAME 2108 Robinson Avenue 644 40TH ST STREET ADDRESS STREET ADDRESS 52425042, FL 34532 CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-7IP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Likaren Whatlew SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

924-57-07