

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90528 026 \*\*\*150.00

**DOCUMENT # P98000023387**

1. Entity Name  
**WAHOO PRODUCTIONS OF FLORIDA, INC.**



Principal Place of Business  
**2050 E. OAKLAND PK BLVD  
SUITE 209  
FT LAUDERDALE FL 33306**

Mailing Address  
**PO BOX 101494  
FT LAUDERDALE FL 33310**

2. Principal Place of Business  
**1620 West Oakland Park Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 403**

Suite, Apt. #, etc.

City & State  
**Oakland Park, FL**

City & State

Zip  
**33311**

Country  
**Broward**

Zip

Country

4. FEI Number  
**65-0904727**

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

**ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY  
SEVENTH FLOOR  
FT LAUDERDALE FL 33308**

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

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  
**DP  
BRODY, JANETH  
2050 EAST OAKLAND PARK BOULEVARD, SUITE 209  
FT. LAUDERDALE FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
YOUNG, DOUG  
2050 EAST OAKLAND PARK BOULEVARD, SUITE 209  
FT. LAUDERDALE FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/03**

**954. 735-0277**  
Daytime Phone #

CR2E034 (10/02)