<u>~2</u>	MENT # P9800	0024585	111 (00.	·• ,			8
•	L Entity Name ALL IN ONE MEDIA PRODUCTIONS, INC.				FILED		
					01 SEP 28 PM 4: 14	•	
Principal Place of Business Mailing Address 7000 W OAKLAND PARK BLVD. SUITE 201 SUITE 201			BLVD.		SECKETARY OF STATE TALLAHASSEE, FLORIL	À	
SUNRISE FL		SUNRISE FL 33313-1013					
	Place of Business PASC 540() 3 8	3. Mailing Address	المطاحة المان	~ RES.		OGS BEIDE STEEL DIEL LEGE	
Suite, Apt.	#, etc. *#201*	Suite, Apt. #, etc. # 201 ~ -	no pe o	ħ	ENSTA ECTAMENT S SPACE		
City & Stat		City & State	florida		4. FEI Number 65-0816925	Applied For Not Applicable	-
Zip 3331	Country 3 U.S.	Zip 3331:3	Country U.S.			75 Additional Required	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Registered Agen		}
PETITTO,			-1 (5)	SAME		┨.	
3650 INVERRARY DR., #1R			Street Address		O. Box Number is Not Acceptable)		
LAUDERH	IILL FL 33319	,					
			City		FL ^z	ip Code]
8. The above	named entity submits this statement for	the purpose of changing its	registered office or	r registere	d agent, or both, in the State of Florida.		
SIGNATURE	Signature, proad or printed name of registered agent a	and title if applicable. (NOTE	: Registeres Agent signate	2 +	PETITO 9/25/o	1	
9. This corpo	oration is eligible to satisfy its Intangible		!! FEE IS \$550.			·	1
Tax filing	requirement and elects to do so.	After September 12 Make Check Payab	, 2001 Fee will b	oe \$750.0		\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		⊋ ا⊋
TITLE NAME	P/T JACKSON, CHARLES	☐ Delete	TITLE NAME			Change	2E034 (5/01)
STREET ADDRESS CITY-ST-ZIP	1421 OCEAN BLVD. #109 POMPANO BEACH FL 33062	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	S IANIET	☐ Delete	TITLE			Change	5
STREET ADDRESS	PETITTO, JANET 3650 INVERRARY DR.	NAME STREET ADDRESS		40000462541 -10/05/010107 ****758.75 ***	2012		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP	<u> </u>	•		-
TITLE NAME		. Delete	TITLE NAME		[] (Change	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			N	1
TITLE NAME		☐ Delete	TITLE NAME			Change Addition	_
STREET ADDRESS			STREET ADDRESS				-
CITY-ST-ZIP			CITY-ST-ZIP			De	-
TITLE Name		☐ Delete	TITLE NAME			Change	
STREET ADDRESS			STREET ADDRESS				ľ
CITY-ST-ZIP			CITY-ST-ZIP		<u>.</u>		(
TITLE NAME		☐ Delete	TITLE NAME		LS	Change	
STREET ADDRESS			STREET ADDRESS	-			
CITY-ST-ZIP			CITY-ST-ZIP		Market anguage		
indicated	on this report or supplemental report is	true and accurate and that m	ny signature shall h	lave the sa	tion 119.07(3)(i), Florida Statutes. I further certify thame legal effect as if made under oath; that I am an Florida Statutes; and that my name appears in Bloo	officer or director	 5

SIGNATURE:

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