FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # P98000030122 **Secretary of State** 1. Entity Name AFTER MIDNIGHT PRODUCTIONS, INC. 02-15-2001 90103 046 ***150.00 Principal Place of Business Mailing Address 13401 S.W. 2ND ST. 13401 S.W. 2ND ST. MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For NOT APPLICABLE 4. FEI Number Not Applicable Zip Country Zip Country \$8.75. Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, JORGE M JR. Street Address (P.O. Box Number is Not Acceptable) 13401 S.W. 2ND ST. **MIAMI FL 33184** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 OFFICERS AND DIRECTORS 12 11, CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE RODRIGUEZ, JORGE JR NAME NAME STREET ADDRESS STREET ADDRESS 13401 SW 2ND ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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-7IP CITY-ST-ZIP 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.