

DOCUMENT # P98000037898						FILED	
1. Entity Name ARGO PRODUCTIONS, INC.						03 APR 29 AM 10:13	
Principal Place of Business 4253 W. KENNEDY BLVD. TAMPA, FL 33609		Mailing Address 4253 W. KENNEDY BLVD. TAMPA, FL 33609				SECRETARY OF STATE	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State				4. FEI Number 59-3520298	
Zip		Country		Zip		Country	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ARGERIOUS, JOHN L JR. 4253 W. KENNEDY BLVD. TAMPA, FL 33609				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 _____ (NOTE: Registered Agent signature required when registering)							
DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 17, 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			
☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P ARGERIOUS, JOHN L JR. 4253 W. KENNEDY BLVD. TAMPA, FL 33609							
☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
				90001856930 05/08/03--01067--008			
☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS 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 other like empowered.							
SIGNATURE:				4/21/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			