## 2003 FOR PROFIT CORPORATION

## **FILED** UNIFORM BUSINESS REPORT (UBR) Feb 10, 2003 8:00 am Secretary of State P98000038265 DOCUMENT # 1. Entity Name 02-10-2003 90378 001 \*\*\*\*\*8.75 LAND OF ID PRODUCTIONS, INC. 02-10-2003 90378 002 \*\*\*150.00 Principal Place of Business Mailing Address 4228 BOCAIRE BLVD **4228 BOCAIRE BLVD** BOCA RATON FL 33487 **BOCA RATON FL 33487** 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 Applied For 65-0832410 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 DANIELS, STEVEN L 433 PLAZA REAL Street Address (P.O. Box Number is Not Acceptable) **SUITE 275 BOCA RATON FL 33432** 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable, (NQTE: Registered Agent signature required when reinstating) DATE FILE NOW! FEE IS STEAM After May 1, 2003 Photograp be state. Make Check Payable to Florida Bepartmen 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Deleie ☐ Addition Change FERRARA, JOSEPH NAME NAME 4228 BOCAIRE BLVD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THELE ☐ Change Addition Ferrara Arlene NAME **4228 BOCAIRE BLVD** STREET ADORESS STREET ADDRESS BOCA RATON FL 33487 CITY-S3-ZIP TITLE ☐ Delete TITLE Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-51-ZYP

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 eath; 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 altachment with an address, with all other like empowered.

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