FILED Sep 19, 2001 8:00 am Secretary of State 09-19-2001 90162 018 ***550.00

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Applied For

\$8.75 Additional Fee Required

Not Applicable

2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P98000039588 1. Entity Name

GRO2OVY F	FILM & VIDEO PROD	UCTION, INC.			V
Principal Place of Business 15030 MONROE STREET MIAMI FL 33176		Mailing Address			
		15030 MONROE STREE MIAMI FL 33176	Г		
2. Principal Place	e of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Cour	ntry	
	6. Name and Address of C	irrent Registered Agent			
	•			Name	

DO NOT WRITE IN THIS SPACE

65-0835177

7. Name and Address of New Registered Agent -

4. FEI Number

GARRETT, JESSICA 15030 MONROE STREET MIAMI FL 33176 3. The above named entity submits this statement for the purpose of changing its regis		City		iox Number is Not Acceptable) . ent, or both, in the State of Flori	FL da.	Zip Code)		
SIGNATURESI	ignature, typed or printed name of registered agent and t	itle if applicable. (NOTE: Re	gistered Agent signatu	are required when re	pinstating)	DATE			
	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOW!!! I After September 12, 20 Make Check Payable	001 Fee will b	e \$750.00 t of State	10. Election Campaign Final Trust Fund Contribution.		Added	May Be to Fees	İ
TREET ADDRESS 1	OFFICERS AND DIF GARRETT, JESSICA 15030 MONROE STREET MIAMI FL 33176	ECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGES TO OFFIC		IRECTORS Change	S IN 11	R2E034 (5/01)
ITLE IAME TREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Е] Change	Addition	5
ITLE ~ IAME ITREET ADDRESS ITY-ST-ZIP	÷ -	- Delete - 👓 🦠	TITLE . NAME STREET ADDRESS CITY-ST-ZIP			<u>C</u>] Change	☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		[Change	Addition	
ITLE IAME ITREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		· _	Г] Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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 it 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 in changed, or on an attachment with an address, with all openities empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATUR

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete