

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90628 001 \*\*\*600.00

**DOCUMENT # P98000051784**

1. Entity Name

**FT. LAUDERDALE INVESTMENT GROUP, INC.**

Principal Place of Business

**4631 NW 31ST AVE SUITE 133  
TAMARAC FL 33309**

Mailing Address

**4631 NW 31ST AVE SUITE 133  
TAMARAC FL 33309****40870**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0842670**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADDEN, ANTHONY  
4631 NW 31ST AVE SUITE 133  
TAMARAC FL 33309**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P HADDEN, ANTHONY**  
STREET ADDRESS **4631 NW 31ST AVE STE 133**  
CITY-ST-ZIP **TAMPA FL 33309**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**MEMO MEMO MEMO MEMO MEMO MEMO**

**H&R TRUCKING**  
4631 NW 31st Avenue, #133  
Tamarac, FL 33309  
(954) 478-3187 Office  
(954) 723-1996 Fax

*Attachment*  
*#P99000004409*  
*40848*

**TO: DIVISOIN OF CORPORATIONS**

**DATE: 30 MARCH 2001**

**FROM: ANTHONY HADDEN**

**RE: SLAMMING LOGISTICS**

**TO WHOM IT MAY CONCERN,**

**I NEVER RECEIVED MY CORPORATION PACKAGE FOR THE ONE  
CORPROATIONS LISTED ABOVE.**

**SINCERLY YOURS,**

  
**ANTHONY HADDEN**

**MEMO MEMO MEMO MEMO MEMO MEMO**

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P930000061097**

1. Entity Name

**Slamming Productions, Inc.**

Principal Place of Business

**1201 NW 6th  
Ft Lauderdale Fl. 33311**

Mailing Address

**1201 NW 6th  
Ft Lauderdale Fl. 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0436505**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Hadden Anthony  
1444 NW 7 Ave  
Ft Lauderdale Fl. 33311**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>Hadden Anthony</b>	<b>1201 NW 6th</b>	<b>Ft Lauderdale Fl. 33311</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**8-19-00 954 476-3187**

**FILED**

**Sep 11, 2000 8:00 am**

**Secretary of State**

09-11-2000 90017 015 \*\*\*150.00

**Attachment  
#P930000004409  
40848**

DO NOT WRITE IN THIS SPACE

CR20034 (9/98)