1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000056911

1. Corporation Name

BPC PRODUCTION, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90191 032 ***150.00



					t 1881/881 (56 1818) (561) ABIST ABIST ABIST ABIST ABIST ABIST (1844 1844 1844 1845 1847
Principal Place of Business		Mailing Address			
995 S.R. 434 NOF		995 S.R. 434 NORTH,STE.308			
ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32	/14		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					06/25/1998
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-35/8832 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75_Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible
24	25	29	0		Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			8	I1 Name	· Real Carlo
	AS, MIA		5	2 Street	at Address (P.O. Box Number is Not Acceptable)
1400 W. FAIRBANKS AVE.,STE.102					995 SR 434 North Stule 30
WINTE	r Park FL 32789		8	13	, , , , , , , , , , , , , , , , , , , ,
				4 City	CAT 12 S = 85 Zip Code
			"	City C	1110monte Spina FL 18 327/4
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo	ve-named	d corporation submits this statement for the purpose of changing its registered
office or rea	istered agent, or both, in the State familiar with, and accept the obligat	of Florida. Such change was autl	horized t	by the comp	poration's board of directors. I hereby accept the appointment as registered
	Tanina With, and accept the doings	indrigor, occitor our lood, rions			4-28-99
SIGNATURE _ জ	mature typed or printed name of registered ager	at and title if applicable. (NOTE: R	Registered A	gent signature	e required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITL	=	☐ Change ☐ Addition
NAME (CRENSHAW, BRENDA P		1.2 NAM	E	
STREET ADDRESS	251 WESCLIFF DR.		1.3 STR	EET ADORESS	s
	OCOEE FL 34761		1.4 CITY	- ST- ZIP	
TITLE		☐ DELETE	2.1 TITLI		Change Addition
NAME			2.2 NAM	E	
STREET ADDRESS			2.3 STR	EET ADDRESS	s
CITY-ST-ZIP				r-ST-ZiP	
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAM		
1			4	EET ADDRESS	es l
STREET ADDRESS					~
CITY-ST-ZIP TITLE	 	□ DELETE	4.1 TITL	/-ST-ZIP =	☐ Change ☐ Addition
' I		occ.,c	4. 2 NAM		
NAME				TE EET ADDRESS	22
STREET ADDRESS	*				8
CITY-ST-ZIP		[] nelete	4.4 CITY		Change Addition
TITLE		☐ DELETE	5.1 TITLI 5.2 NAM		Change Addribut
NAME			1		
STREET ADDRESS				EET ADDRESS	9
CITY-ST-ZIP	····		5.4 CITY		
TITLE		☐ DELETE	6.1 TITL		☐ Change ☐ Addition
NAME			6.2 NAM		
STREET ADDRESS			6.3 STR	EET ADDRESS	S)

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

467-772-2332 Daytime Phone #