2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000066426** Mar 29, 2000 8:00 am 1. Entity Name Secretary of State AFI/FILMWORKS, INC. 03-29-2000 90024 033 ***158.75 Mailing Address Principal Place of Business 6333 SUNSET DR. 6333 SUNSET DR. MIAMI FL 33143-4822 MIAMI FL 33143 2. Principal Place of Business 2500 South Hiami 3. Mailing Address 2500 South Miami Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0853910 MAIL Not Applicable Country ()SA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDALL RANDALL, WILLIAM 6333 SUNSET DR. **MIAMI FL 33143** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ■ Addition DP Delete TITLE TITLE MINOR, STEVE NAME NAME STREET ADDRESS 6333 SUNSET DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** PRESIDENT Change ☐ Addition DVS ☐ Delete TITLE RANDAU WILLIAM 12301 SW 62nd AVE TITLE RANDALL, WILLIAM NAME STREET ADDRESS STREET ADDRESS 6333 SUNSET DR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.