2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000108126 1. Entity Name FLYINGTRAIN PRODUCTIONS, INC. 03-20-2000 90015 016 ***150.00 Mailing Address Principal Place of Business 21030 WOODSPRING AVE 21030 WOODSPRING AVE BOCA RATON FL 33428-1153 **BOCA RATON FL 33428** wayerse 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0886416 Not Applicable Country Zip Country Zip. \$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 Name DONOHUE, DENNIS Street Address (P.O. Box Number is Not Acceptable) 21030 WOODSPRING AVE **BOCA RATON FL 33428** City Zip Code Fl 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPS Addition ☐ Change TITLE ☐ Delete TITLE DONOHUE, DENNIS NAME NAME 21030 WOODSPRING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** DVP ☐ Change Addition ☐ Delete TITLE TITLE MURR. JOHN P NAME 21030 WOODSPRING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change Addition ☐ Delete TITLE TITLE MACADAM, DEAN NAME NAME 21030 WOODSPRING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE BRUNS, GREG A NAME 21030 WOODSPRING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Change ☐ Addition TITLE Delete TITLE ALDER, JEFFREY G NAME NAME 21030 WOODSPRING AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change Addition · Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 if made under oath; that I am an officer or director of the corporation or the receiver outrustee experiment of 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 attantment with an actues, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIE

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CR2E034 (9/99)