## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P9900005167 1. Entity Name HOWARD MARSHALL PRODUCTIONS, INC. 05-14-2001 90202 023 \*\*\*150.00 Mailing Address Principal Place of Business 5100 N FEDERAL HWY # 408 1318 W TERRA MAR DRIVE FORT LAUDERDALE FL 33308 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0880917 Not Applicable Zip Country \$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 GOLNICK, MARSHALL Street Address (P.O. Box Number is Not Acceptable) 1318 W TERRA MAR DRIVE POMPANO BEACH FL 33062 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. 12. **PSD** Delete ☐ Change Addition TITLE TITLE JACOB GOLNICK, BRANDON NAME NAME STREET ADDRESS STREET ADDRESS 4401 W. HILLSBORO BLVD. CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME GOLNICK, ERIC LEE NAME STREET ADDRESS STREET ADDRESS 4401 W. HILLSBORO BLVD. CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** ☐ Delete TITLE Change ☐ Addition-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR