DOCUMENT # P99000034909

1. Entity Name

Jul 07, 2000 8:00 am

Principal Place of Business 287 N. E. J. AMBRIDE D' 1 V P. 77 I. LIUDERDALE R. 3009 2. Principal Place of Business Suita. April 4 etc. City & State Ci	GETWE	LL ROAD	PRODUCTIONS, INC	•		75	Secretary of Sta		
SUIII, Apt. #, etc. Suite, Apt. #, etc.	2673 NE 37 AVENUE DITUE 2673 NE 37 AVENUE						05-22-2000 90058 047 ***150.00		
City & State South FLORIDA REGISTERED AGENTS, INC. City FL Zop Code 8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. SIGNATURE Signature Florida on back of the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florids. SIGNATURE Signature Florida on back of the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florids. SIGNATURE Signature Florida on back of the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florids. SIGNATURE Signature Florida on back of the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florids. SIGNATURE Florida on back of the statement of reference agent or both, in the State of Florids. SIGNATURE Florida on back of Florida on back of the statement and elects to do so. Market MANY 1, 2000 Fee will be \$\$5150.00 After MAY 1,	2. Principal Place of Business 3. Mailing Address								
Total policy Country Zip Country S. Certificate of Status Desired S8.75 Additional Fox Required S8.75 Additional Fox Required S8.75 Additional Fox Required Name and Address of New Registered Agent Name Singer Address (PO-Box-Number to Not Acceptable) Sut 1900 Sut	Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
Sectificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Steer Address (PO-Box Number to Not Acceptable) Steer Address (PO-Box Num	City & State City & State								
SOUTH-FLORIDA-REGISTERED-AGENTS, INC: 200 E LAS OLAS BLVD: SUITE 1900 FT. LAUDERDALE FL 33301 City FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent on the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or retreat name of registered agent, or both, in the State of Florida. SIGNATURE Signature, node or registered agent, or both, in the State of Florida. SIGNATURE Signature, node or registered agent, or both, in the State of Florida. SIGNATURE SIGNAT	Zip Country			Zip Country		itry	5 Certificate of Status Desired S8.75 Additional		
20. E. LAS GLAS BLVD: SUITE 1909 FT. LAUDERDALE FL. 33301 City FL. Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and efects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME MANE STREET ADDRESS OTT- 51-2P TIME Delete MANE STREET ADDRESS OTT- 51-2P TIME Delete MANE STREET ADDRESS OTT- 51-2P TIME Delete MANE STREET ADDRESS OTT- 51-2P TIME ADDRESS OTT- 51-2P T		6. Name	and Address of Current R	egistered Agent	. —	Name	7. Name and Address of New Registered Agent		
8. The above named onlity 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 prised name of implaced agent age	200 E. LAS OLAS BLVD. SUITE 1900								
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. STREET ADDRESS 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME 18. ADDITIONS/CHANGES TO OFFICER						L	rL		
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information		1	·					l	

changed, or on an attachment with an address, with all other like empoyered