2000 UNIFORM BUSINESS REPORT (UBR)

5/ FILED Jun 09, 2000 8:00 am Secretary of State DOCUMENT # P99000036505 1. Entity Name THE FABULOUS B. BOYZ PRODUCTION 2000, INC. 05-12-2000 90061 034 ***150.00 Principal Place of Business Mailing Address 20401 NW 2ND AVE. #300 6175 NW 167TH STREET, SUITE 6-31 MIAM) FL 33169-2542 MIAMI LAKES FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0913625 Ζiρ Country \$8.75:Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, DERRICK Street Address (P.O. Box Number is Not Acceptable) 1121 SOUTH PARK ROAD, APT. #211 HOLLYWOOD FL 33021 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME BAKER, DERRICK STREET ADDRESS STREET ADDRESS 1121 SOUTH PARK ROAD, APT. #211 CITY-ST-ZIP CITY-ST-7/P HOLLYWOOD FL 33021 Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition Delete TITLE TITLE NAME ALAKAE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change. noilibhA 🔲 Defeie -7:7LE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME

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 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

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CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Delete

Daytime Phone #

[7] Change

☐ Addition