2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000043574** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name TURNER PRODUCTIONS, INC. 04-12-2000 90185 016 ***150.00 Mailing Address Principal Place of Business 2425 PRESIDENTIAL WAY 2425 PRESIDENTIAL WAY SUITE 1805 **SUITE 1805** W. PALM BEACH FL 33401 W. PALM BEACH FL 33401-1321 2. Principal Place of Business 3. Mailing Address 1334 South Killian Dr. As Above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 4. FEI Number 65-0921822 Applied For City & State City & State Lake Park. Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Palm Beach 403 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELER, J. J ESQ. Street Address (P.O. Box Number is Not Acceptable) 6830 N. FEDERAL HIGHWAY BOCA RATON FL 33487 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition Delete TITLE TURNER, WILLIAM B DR. NAME NAME STREET ADDRESS STREET ADDRESS 2425 PRESIDENTIAL WAY, SUITE 1805 CITY-ST-ZIP CITY-ST-7IP W. PALM BEACH FL 33401 Change ☐ Addition □ Delete TITLE ORAZIO, JAN NAME NAME 9622A BOCA GARDENS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ORAZIO, GINA NAME NAME 9622A BOCA GARDENS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition