2001	I., UNIFORM BUSI	k)		FILED				
DOCUMENT # P99000104311					Jan 23, 2001 8:00 am			
1. Entity Name LIFESTYLE PRODUCTIONS, INC.						etary of -2001 90051 004		
	ASI 33160 ASI 33160 ASI 33160	Mailing Address 16443 NORTHEAST 33RD AVENUE NORTH MIAMI BEACH FL 33160			1 (AB):BBI INB (B);B (B);B	9 (1)	5//	[4]
2. Principal P	lace of Business 28 F87	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
FOR T	LAUderdalo	City of State of Control of Contr			4. FEI Number 65-0965479 Applied For Not Applicable			
Zip	Country &-	33306	Country	5	5. Certificate of Status D		.75 Add Required	
<u>-</u>	6. Name and Address of Current R	egistered Agent	Name C		. Name and Address of	of New Registered Age	nt C	
epicoti a urpeba pla					DC075 D. Box Number is Not Ac	DAULOU	st	
FT- Landerdall FL 2033							306	
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 priffied harme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FI After MAY 1, 2001 F Make Check Payable to			Fee will be \$55	0.00	10. Election Camp	· · · ·		0 May Be to Fees
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAUTOUR, E. FRANCOIS 10443 NORTHEAST 33RD AVENUM *NORTH MIAM BEACH FL 33360	E New Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	260 EV	24NE	28 tht	Umange Qa Z	□ Addition
TITLE NAME STREET ADDRESS	VE V D HETHERINGTON, RONALD A 16443 NORTHEAST 33RD AVENU	E Wew	TITLE NAME STREET ADDRESS	26	24N.E.	28 st	Change	Addition
CITY-ST-ZIP	_NORTH MIAMI BEACH FL 33160			1-4	bounder	dale Th	a 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		∐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			L] Change	Addition
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CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Derate	NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
13: Thereby 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 trusts of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 1 changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATION OFFICER OR DIRECTOR Date Daytime Prone 4								
Date Daywill FIDNE #								