

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90072 001 ***150.00

1. Entity Name
IAS FILM CORPORATION

03-02-2001 90072 001 ***150.00

00021542



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1935 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US		Mailing Address 1935 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US		<div style="font-size: 24pt; font-weight: bold;">00021542</div>  <div style="font-size: 10pt;">DO NOT WRITE IN THIS SPACE</div>	
2. Principal Place of Business		3. Mailing Address		<div style="display: flex; justify-content: space-between;"> <div>4. FEI Number 65-0284672</div> <div>Applied For <input type="checkbox"/> Not Applicable</div> </div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SANFORD N. REINHARD, P.A. 2875 N.E. 191 ST. STE.#404 N.. MIAMMI BCH. FL 33180				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="text-align: right;">FL</div> <div>Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUBER, ELIEZER 2875 NE 19TH ST #603 AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shuber, Eliezer 3679 NE 201st Street Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZELCER, LEONOR S 2875 NE 19TH ST #603 AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Zelcer, Leonor S 3679 NE 201st Street Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 line empowered.					
SIGNATURE: _____			<div style="text-align: right;"> 2/26/2001 954 922 4088 <small>Date Daytime Phone #</small> </div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					