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| <h1>DOCUMENT # V37782</h1> | | | |
| 1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold;">P.R. PRODUCTIONS, INC.</div> | | | |
| Principal Place of Business PO BOX 510732 KEY COLONY BEACH FL 33051 | | Mailing Address PO BOX 510732 KEY COLONY BEACH FL 33051-0732 | |
| 2. Principal Place of Business 5800 Overseas Hwy | | 3. Mailing Address | |
| Suite, Apt. #, etc. Suite #17 | | Suite, Apt. #, etc. | |
| City & State Marathon, FL | | City & State | |
| Zip 33050 | Country Monroe | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| NARDONE, PAULA R. 320 5TH STREET KEY COLONY BEACH FL 33051 | | | Name |
| | | | Street Address |
| | | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</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, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NARDONE, PAULA R. 320 5TH STREET KEY COLONY BEACH FL | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| 12. | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Nar 320 Key | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Hil 320 Key | | |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

SIGNATURE: Paul R. Nardone 4/6/00 305-743-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #