## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0) JILL BEACH PRODUCTIONS, INC. Principal Place of Business Mailing Address 6841 SW 49 ST. 6841 SW 49 ST. MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1992 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 65-0348689 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Clty & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEACH, JILL 6841 S.W. 49TH STREET Street Address (P.O. Box Number is Not Acceptable) STE. 205 83 **MIAMI FL 33155** Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and picept the poligations of, Section 607.0505, Florida Statutes. SIGNATURE ered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ DELETE PVŠ ☐ Change ☐ Addition TITLE 1.1 TITLE BEACH, JILL. NAME 1.2 NAME 6841 SW 49 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE TD DELETE 2.1 TITLE Change Addition BEACH, JILL NAME 2.2 NAME 6841 SW 49 ST. STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 33155 CITY - ST - ZIP 2. 4 CITY-ST-ZIP \_\_\_ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY -ST-ZIP 3.4, CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CATY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

305-669-0335