FILED

## 2003 FOR PROFIT CORPORATION

## Sep 08, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR V61776 DOCUMENT # 1. Entity Name 09-08-2003 90130 048 \*\*\*558.75 MIXED PRODUCTIONS, INC. Principal Place of Business Mailing Address 1320 NE 2ND ST. 1320 NE 2ND ST. FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 172 Turtle Cove Court 72 Turtle Cove Court Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0354561 So. Honte Vedra Bch. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCHNER, JANET M. Street Address (P.O. Box Number is Not Acceptable) 1320 NE 2ND ST. Cove FT. LAUDERDALE FL 33301 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE (NOTE: Register FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Buchner, Janet M. NAME BUCHNER, JANET M. NAME STREET ADDRESS 1320 NE 2ND ST. STREET ADDRESS 172 Turtle Cove Court So. Ponte Vedra Bch, FL FT-LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP TITLE DST ☐ Delete TITLE D5T Addition DuBois, Rachelle R DUBOIS, RACHELLE R. NAME NAME 172 Turtle Cove Court So. Ronte Vedra Bch. F STREET ADDRESS 1320 NE 2ND ST. STREET ADDRESS CITY-ST-7IP <del>ft. Lauderdale fl</del> CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 10 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

Delete

954-980 6363

Change

☐ Addition