

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90146 032 \*\*\*150.00

0068418

**DOCUMENT # F94000000785**

1. Entity Name  
**SGA PRODUCTION STAGING, INC.**

Principal Place of Business <b>3315 MAGGIE BLVD                  SUITE 100                  ORLANDO FL 32811                  US</b>	Mailing Address <b>3315 MAGGIE BLVD                  SUITE 100                  ORLANDO FL 32811                  US</b>
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2. Principal Place of Business <b>2900 TITAN ROW</b>	3. Mailing Address <b>2900 TITAN ROW</b>
Suite, Apt. #, etc. <b>SUITE 120</b>	Suite, Apt. #, etc. <b>SUITE 120</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32809</b>	Country <b>US</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>38-2627333</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
~~MEADOWS, GUY~~  
~~4107 34TH ST.~~  
~~ORLANDO FL 32811~~

7. Name and Address of New Registered Agent  
 Name **JOHN POLLEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2330 GUNN RD.**  
 City **KISSIMMEE** FL Zip Code **34746**

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 **JOHN POLLEY** **2/22/01**  
Signature, typed or printed name 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!!! 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.  
 **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD REED, MARK E 4455 GREEN ROAD LYONS MI</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD REED, GAYLE E 4455 GREEN ROAD LYONS MI</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: **MARK REED** **1/22/01** **(517) 323-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)