

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008454

FILED
Jul 08, 2002 8:00 AM
Secretary of State

Entity Name: TYH PRODUCTIONS, INC.

Current Principal Place of Business:

198 WILD PINE RD.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

198 WILD PINE RD.
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 02-0627633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQ
4600 E. PARK DR., STE. 201
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NICKERSON, CYNTHIA
Address: 198 WILD PINE RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: NICKERSON, RALPH
Address: 198 WILD PINE RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: SWANN, TERRY
Address: 125 SEVILLA AVE.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NICKERSON, RALPH
Address: 198 WILD PINE RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: SWANN, ESTHER
Address: 125 SEVILLA AVE.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Change (X) Addition
Name: BROOKS, DAVID
Address: 29230 WOODCREST CT.
City-St-Zip: SOUTHFIELD, MI 48076

Title: D () Change (X) Addition
Name: KERRY, BROOKS
Address: 829 CYNTHIA AVE.
City-St-Zip: LOS ANGELES, CA 90065

Title: D () Change (X) Addition
Name: MARCUS, GUILLORY
Address: 109 SHERWOOD DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH NICKERSON

D

07/08/2002

Electronic Signature of Signing Officer or Director

Date