


NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name: *Sk4way Productions, Inc*
N02000006121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: *5315 Laurelwood Pl.*
 Suite, Apt. 5, etc.

3. Mailing Address: *5315 Laurelwood Pl.*
 Suite, Apt. 5, etc.

DO NOT WRITE IN THIS SPACE

City & State: *Sarasota, FL* City & State: *Sarasota, FL*
 Zip: *34232* Country: *Sarasota* Zip: *34232* Country: *Sarasota*

4. FEI Number: *EIN 03-0485469* Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Home and Address of Current Registered Agent

Name: *SHARON OHRENSTEIN*
 Street Address (P.O. Box Number is Not Acceptable): *5315 Laurelwood Pl.*
 City: *Sarasota* FL Zip Code: *34232*

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

Signature, typed or printed name of registered agent and the filer (individual)

Signature, typed or printed name of registered agent and the filer (individual)

DATE

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to: *Florida Secretary of State*

10. OFFICERS AND DIRECTORS		NAME	ADDRESS	CITY	STATE	ZIP
TITLE	<i>President</i>	<i>Claudia Johnson</i>	<i>2200 2nd St. N.</i>	<i>St. Petersburg</i>	<i>FL</i>	<i>33704</i>
TITLE	<i>Vice-President</i>	<i>David Ohrenstein</i>	<i>5315 Laurelwood Pl.</i>	<i>Sarasota</i>	<i>FL</i>	<i>34232</i>
TITLE	<i>Vice-President</i>	<i>Sharon Ohrenstein</i>	<i>5315 Laurelwood Pl.</i>	<i>Sarasota</i>	<i>FL</i>	<i>34232</i>
DO NOT WRITE IN THIS SPACE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other filers empowered.

SIGNATURE: *SHARON OHRENSTEIN* *Sharon Ohrenstein* 08/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)