

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0456120 AV

03-29-2002 90821 023 \*\*\*150.00

**DOCUMENT # P94000019810**

1. Entity Name  
**MONARCH PRODUCTIONS, INC.**

Principal Place of Business      Mailing Address  
**3192 SANDY RIDGE DR**      **3192 SANDY RIDGE DR**  
**CLEARWATER FL 33761**      **CLEARWATER FL 33761**



2. Principal Place of Business      3. Mailing Address  
*2728 Shipton Ave*      *2728 Shipton Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
*New Port Richey, FL*      *New Port Richey FL*

4. FEI Number      Applied For  
**59-3231996**      Not Applicable

Zip      Country      Zip      Country  
*34655*      *FL*      *34655*      *FL*

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

6. Name and Address of Current Registered Agent  
**MOTYL, STEVEN**  
**3192 SANDY RIDGE DR**  
**CLEARWATER FL 33751**

7. Name and Address of New Registered Agent  
 Name *Motyl, Steven*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2728 Shipton Ave*  
 City *New Port Richey*      **FL**      Zip Code *34655*

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 \_\_\_\_\_ (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, 2002 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	<input type="checkbox"/> Delete
<b>P</b> <b>MOTYL, STEVEN</b> <b>3192 SANDY RIDGE DR</b> <b>CLEARWATER FL 33751</b>	
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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Address</i> <i>2728 Shipton Ave</i> <i>New Port Richey FL 34655</i>	
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: *Steven Motyl*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/19/02*      Daytime Phone #: *813 854-1518 x229*

CR2E034 (9/01)