

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90750 049 ***150.00

DOCUMENT # P94000038752



1. Entity Name
TOMPKINS PRODUCTIONS, INC.

Principal Place of Business
**88 NELKIN RD
COLCHESTER CT 06415**

Mailing Address
**88 NELKIN RD
COLCHESTER CT 06415**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1404561**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM B. TOMPKINS
4964 NW 152ND. LANE
REDDICK FL 32686**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMPKINS, WILLIAM B	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOMPKINS, JEANNETTE	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOMPKINS, WILLIAM B	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOMPKINS, JEANNETTE	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William B Tompkins **REQUIRED** William B Tompkins 2/28/03 860-537-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/02)