

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90111 010 ***150.00

DOCUMENT # *P95000040002*

1. Entity Name

Colossal Music and Film



DO NOT WRITE IN THIS SPACE

10067291

2. Principal Place of Business

122 W. Crystal Dr.

Suite, Apt. # etc.

3. Mailing Address

122 W. Crystal Dr.

Suite, Apt. # etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, Florida

City & State

Sanford, Florida

4. FEI Number

59-3603659

Applied For

Not Applicable

Zip

32773

Country

U.S.

Zip

32773

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name—Anthony Battaglia

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

100 Spring Cove Trail

City Altamonte Springs

FL

Zip Code 32714

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity agrees that statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, it is hereby withdrawing the obligations of registered agent.

SIGNATURE

[Signature]

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Stock Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added by Filer

10. OFFICERS AND DIRECTORS

FILE

NAME

STREET ADDRESS

CITY-STATE-ZIP

President
Anthony C. Battaglia
100 Spring Cove Trail
Altamonte Springs FL 32714

FILE

NAME

STREET ADDRESS

CITY-STATE-ZIP

FILE

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FILE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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IN THIS SPACE**

12. I, the undersigned, certify that the information reported with this filing does not qualify for the exemption stated in Section 119.02(2)(b), Florida Statutes. I further certify that the information included on this report or supplementary report is true and accurate and that my signature used hereon has the same legal effect as if made under oath, that I am an officer or director of this corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 10 or on an attachment with an address, without other false or misleading information.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR

CR2034B (12/02)