

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90337 008 \*\*\*150.00

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**DOCUMENT # P95000098087**

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



Principal Place of Business  
**2947 COLORADO AVE  
ORLANDO FL 32826**

Mailing Address  
**2947 COLORADO AVE  
ORLANDO FL 32826**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3380610** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KATHIE DEFILIPPO PARKS TSCHOPP & WHITCOMB  
2600 MAITLAND CENTER PARKWAY  
STE 330  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE	VD	<input type="checkbox"/> Delete
NAME	ABBOTT, BRUCE	
STREET ADDRESS	339 DAYTONA AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLANER, STERLING	
STREET ADDRESS	24 FULTON CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOTTON, L. THOMAS	
STREET ADDRESS	2610 NW 69TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAUL, DOUGLAS	
STREET ADDRESS	6 PEPPER RD	
CITY-ST-ZIP	TOWACO NJ 07082	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOTTON-MIKELL, UNELL	
STREET ADDRESS	1820 VIA CONTESSA	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GLANER, KIM	
STREET ADDRESS	P.O. BOX 300497	
CITY-ST-ZIP	FERN PARK FL 32730-0497	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANER, KIM	
STREET ADDRESS	2947 COLORADO AVE	
CITY-ST-ZIP	ORLANDO FL 32826	

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: SIGNATURE DATE: MAY 1, 2003 DAYTIME PHONE #: 321-235-9811

CR2E034 (10/02)