

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90060 004 ***150.00

DOCUMENT # P96000053791

1. Entity Name
CONCEPT PRODUCTIONS, INC.



Principal Place of Business
**13858 THOMASVILLE COURT
JACKSONVILLE FL 32223**

Mailing Address
**13858 THOMASVILLE COURT
JACKSONVILLE FL 32223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**PEPER, RICHARD C JR
3020 HARTLEY ROAD
SUITE 352
JACKSONVILLE FL 32257**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DP WALER, JAMES 13858 THOMASVILLE COURT JACKSONVILLE FL 32223	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	DST WALER, RENEE L 13858 THOMASVILLE COURT JACKSONVILLE FL 32223	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS		
	CITY-ST-ZIP		
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	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: James Waler **SIGNATURE REQUIRED** James Waler 3/2/03 904-262-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)