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| DOCUMENT # P98000025583 1. Entity Name GARVIN SMITH PRODUCTIONS, INC. | | | | | | Secretary of State 03-27-2002 90031 030 ***158.75 | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|--|
| Principal Place of Business 2111 N.W. 58TH TERRACE GAINESVILLE FL 32605 Mailing Address 2111 N.W. 58TH TERRACE GAINESVILLE FL 32605 | | | Ε | | : 1844 1864 186 AND 1844 1844 8844 8844 88 | ()) | | | |
| 2. Principal Place of Business 400 N, FERNCREEK AVE Suite, Apt. #, etc. 3. Mailing Address 400 N. FERNCREEK AVE Suite, Apt. #, etc. | | | | VE | DO NOT WRITE IN THIS SPACE | | | | |
| City & Sta | | FZ. | ORLANDO, | - | 4. | FEI Number 59-3508150 | <u> </u> | pplied For ot Applicable | |
| 32 80 3- | | Country ORANGE and Address of Curren | 32803~5432 | ORANG | و ا | Certificate of Status Desired | \$8.75 Ad Fee Require | ditional ed | |
| | O. Nam | e and Address of Curren | t Registered Agent | Name | · - | Name and Address of New Regis | itered Agent | | |
| FAÎRCLOUSH, MICHAEL J 11380 PROSPERITY FARMS #112 | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PALM BE | ACH GARD | ENS FL 33410 | | | | | | | |
| | | | City | City FL Zip Code | | | | | |
| SIGNATURE 9. This corporate filling | Signature, typed | d or printed name of registered agen pible to satisfy its Intangible and elects to do so. | t and title if applicable. (NOTE | E: Registered Agent signal!! FEE IS \$150 | ature required when r | gent, or both, in the State of Fiorida reinstating) 10. Election Campaign Financi Trust Fund Contribution. | DATE \$5.0 | 00 May Be | |
| 11. | | OFFICERS AND | | 12. | | | SS AND DIRECTOR | Q IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESI SMITH 400 M. | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECT Jewel 400 M. | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ~ | الوراسي (1946 ليف متالة 1969) | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | •••• | | ☐ Delete | TITLE NAME STREET ADDRESS | | ·-, - | ☐ Change | 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 addresse, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2002 Uniform Business Report (UBR)