

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0101374 AV

DOCUMENT # P98000065799

1. Entity Name
O2 PICTURES, INC.

03-11-2002 90029 030 ***150.00

Principal Place of Business Mailing Address
~~417 AVALON BLVD.~~ ~~PO BOX 478208~~
~~ORLANDO FL 32806~~ ~~CELEBRATION FL 34747~~
8000 S. ORANGE AVE **8000 S. ORANGE AVE**
ORLANDO, FL 32809 **ORLANDO FL 32809**



2. Principal Place of Business 3. Mailing Address
8000 S. ORANGE AV
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE. 102

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-3527923** Applied For
ORLANDO FL Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
32809 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
O'LOANE, DANIEL Name
417 AVALON BLVD. Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32806 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.

SIGNATURE *Daniel O'Loane* DATE *2.25.02*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DP O'LOANE, DANIEL 417 AVALON BLVD. ORLANDO FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT O'LOANE, DANIEL 4715 ROSEWOOD DR. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.

SIGNATURE: *Daniel O'Loane* *2.25.02* *407-812-9102*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)