

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 014 ***158.75

DOCUMENT # P98000079398

1. Entity Name
3.0 PRODUCTIONS AND MANAGEMENT, INC.

Principal Place of Business: **692 NORTH LONGVIEW PLACE LONGWOOD FL 32779**
 Mailing Address: **692 NORTH LONGVIEW PLACE LONGWOOD FL 32779**

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

3. Mailing Address
PO Box 915665
 Suite, Apt. #, etc.

City & State: **Longwood Florida**
 Zip: **32779** Country: **USA**

4. FEI Number **59-3538902**
 Applied For: Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BATTAGLIA, ANTHONY
 692 NORTH LONGVIEW PLACE
 LONGWOOD FL 32779~~

Name: **DON MOORE**
 Street Address (P.O. Box Number is Not Acceptable): **692 North Longview Place**
 City: **LONGWOOD** FL Zip Code: **32779**

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: *[Signature]* **DON L. MOORE** DATE: **8/23/00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | D BATTAGLIA, ANTHONY 692 NORTH LONGVIEW PLACE LONGWOOD FL 32779 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, STACY 692 NORTH LONGVIEW PLACE LONGWOOD FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, DON 692 NORTH LONGVIEW PLACE LONGWOOD FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, DON 692 N. LONGVIEW PLACE LONGWOOD, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: *[Signature]* **SIGNATURE REQUIRED MOORE** DATE: **8/23/00** DAYTIME PHONE #: **(407) 869-1486**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (5/00)

Attachment Doc# : V480000793
D0082037

August 23, 2000

To Whom It May Concern:

As we **never** received a copy of the *2000 Uniform Business Report*, we are enclosing a check in the amount of \$ 150.00 and \$ 8.75 for the Certificate of status. Thank You Very Much.

Don Moore
(407) 869-1486