FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Aug 18, 2003 8:00 am Secretary of State P9900000118 **DOCUMENT #** 08-18-2003 90161 004 ***150.00 1. Entity Name C & S PRODUCTIONS, INC. Principal Place of Business Mailing Address 911 HARBOUR BAY DR 911 HARBOUR BAY DR TAMPA FL 33602 **TAMPA FL 33602** Mailing Address CHECK HERE IF MAKING CHANGES 4. FEI Number ity & State City & State Applied For 59-3554564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAYTON, CAROL -Street Address (P.O. Box Number is Not Acceptable) 911 HARBOR BAY DR **TAMPA FL 33602** 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 registered agenr the obligations; SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (4/03)TITLE TITLE ☐ Delete Addition LAYTON, CAROL NAME NAME 911 HARBOR BAY DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP PSTV TITLE ☐ Delete TITLE ☐ Addition LAYTON, CAROL NAME NAME 911 HARBOR BAY DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME--NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the like empowered.

SIGNATURE:

atachment



90150797 #P9900000118

Dear Sin or Madam,

Please find enclosed a check for \$150.00

and corporate annual report. I moved my

office in Feb. 2003 and never recall

receiving the original, Please reinstate

me and waive additional fee checause

of was unaware that I had to file an

annual report and owed the money.

of you need any adolitional information

please contact me.

Thank you,

Carol S. Layto

Contact: Carol Layton, Publisher

C&S PRODUCTIONS, INC.

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