

2000 UNIFORM BUSINESS REPORT (UBR)

4/44/

FILED
Jun 29, 2000 8:00 am
Secretary of State

04-04-2000 90086 007 ***150.00

DOCUMENT # P99000072959

1. Entity Name

BROUGHTON PRODUCTIONS, INC.

Principal Place of Business:
 3900 NINTH STREET NORTH
 ST. PETERSBURG FL 33703

Mailing Address
 3900 NINTH STREET NORTH
 ST. PETERSBURG FL 33703-4651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2217006

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEW, JOHN C ESQ.
 150 SECOND AVENUE NORTH
 SUITE 1500
 ST. PETERSBURG FL 33701

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.

SIGNATURE James E. Broughton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROUGHTON, JAMES E	
STREET ADDRESS	3900 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROUGHTON, KAY T	
STREET ADDRESS	3900 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROUGHTON, MARK D	
STREET ADDRESS	3900 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUGHTON, JAMES E JR.	
STREET ADDRESS	3900 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELUCIA, BROOKE B	
STREET ADDRESS	3900 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROUGHTON, MATTHEW S	
STREET ADDRESS	3900 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kay T. Broughton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/22/00

Daytime Phone #

CR2E034 (9/99)