## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

### **DOCUMENT #**

FQ400000000



# **FILED** Jan 13, 2003 8:00 am Secretary of State

1. Entity	PRODUCTIONS, INCORPOR	RATED			01-13-2003 9012			
AND MUSSELL ST.		Mailing Address * 408 RUSSELL ST. NASHVILLE TN 37206	408 Russell St.					
2. Princip	pal Place of Business	3. Mailing Address		<u>-</u>				
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State		City & State			4. FEI Number 62-1256270 Applied For			
Zip	Country	Zip	Country		62-1255370	\$0.7E	Not Applicable	
	6. Name and Address of Current	Registered Apont	<u> </u>		5. Certificate of Status Desired	. Fee Real	Additional uired	
	n, kevin g Drporate square blvd	Hogistered Agent	Nam		7. Name and Address of New Registered Agent , ss (P.O. Box Number is Not Acceptable)			
	JACKSONVILLE FL 32216				Section 18 Not Acceptable)			
8. The abo	The above named entity submits this statement for the purpose of changing its the obligations of registered agent.			FL Zip Code				
SIGNATURE			TE: Registered Agent sig				h, and accept	
Aft	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of	State			Generalization     Generali	 \$5.	00 May Be	
TITLE +	OFFICERS AND I	<del></del>	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DC INL 1.1	
NAME STREET ADDRESS CITY-ST, ZIP	COOK, DAVID J	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NASHVILLE TN 37206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP ANCELIN, KEVIN 2231 CORPATE SQUARE BOULVAI JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
CITY-ST-ZIP	P ANCELIN, ANDRE G 2231 CORPORATE SQUARE BLVD JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with thi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. 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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

| Signature And Typed of Signing Officer or Director | Date | D

SIGNATURE: