

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90155 028 ***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**

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

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3592752**

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

11. 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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 other like empowered.

SIGNATURE: *James E. Broughton* **JAMES E. BROUGHTON** 4/22/03 727-520-1920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)