

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 815690

1. Entity Name

TOMMY DORSEY PRODUCTIONS, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90045 025 ***150.00

Principal Place of Business 1025 KANE CONCOURSE SUITE 216 BAY HARBOR ISLANDS FL 33154 US	Mailing Address C/O FORD AND SYDNOR 1005 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154-2117 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address c/o Joseph D. Sydnor, CPA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		1005 Kane Concourse, Suite 203 City & State Bay Harbor Islands, Florida	
Zip	Country	33154-2117	USA

4. FEI Number **59-0917918** | Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DORSEY, JANE NEW
1005 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154-2178

7. Name and Address of New Registered Agent

Name **Jane New Dorsey**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Joseph D. Sydnor, CPA
1005 Kane Concourse, Suite 203
 City **Bay Harbor Islands, FL** Zip Code **33154-2117**

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 Jane New Dorsey, Registered Agent
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORSEY, JANE NEW 1005 KANE CONCOURSE BAY HARBOR ISLAND FL <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	VD DORSEY, STEVE P. 1005 KANE CONCOURSE BAY HARBOR ISLAND FL <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	TD Codd, Trent 1005 KANE CONCOURSE BAY HARBOR ISLAND FL <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 Jane New Dorsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 868-1333

Date

Daytime Phone #