

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90221 025 ***150.00

0188921

DOCUMENT # 815690

1. Entity Name

TOMMY DORSEY PRODUCTIONS, INC.

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 33154-2178
 US**

00016373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**c/o Joseph D. Sydnor, CPA
 Suite, Apt. #, etc.
 1005 Kane Concourse, #203**

Suite, Apt. #, etc.

City & State

Bay Harbor Isllds., FL

4. FEI Number **59-0917918**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33154

US

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

**DORSEY, JANE NEW
 C/O JOSEPH D. SNYDOR, CPA
 1005 KANE CONCOURSE, STE 203
 BAY HARBOR ISLAND FL 33154-2178**

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 _____

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, 2001 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	VD DORSEY, STEVE P. 1005 KANE CONCOURSE BAY HARBOR ISLAND FL	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane New Dorsey

Date

2/7/01

Daytime Phone #

CR2E034 (10/00)