

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # 815690

1. Entity Name  
*Tommy Dorsey Productions, Inc.*

FILED

03 OCT 30 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1025 Kane Concourse*  
Suite, Apt. #, etc.  
*Suite 216*

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

DO NOT WRITE IN THIS SPACE

City & State  
*Bay Harbor Islands, FL*  
Zip  
*33154*

City & State  
*Bay Harbor Islands, FL*  
Zip  
*33154*

4. FEI Number  
*59-0917918*

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*Joseph D. Sydnor, CPA*  
Street Address (P.O. Box Number is Not Acceptable)  
*1005 Kane Concourse, Suite 203*  
City  
*Bay Harbor Islands* **FL** Zip Code  
*33154-2178*

8. The above named *Joseph D. Sydnor* submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Joseph D. Sydnor* *Joseph D. Sydnor, CPA / Secretary-Treasurer* 10/28/03  
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.

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>Stephen P. Dorsey</i> <i>1117 Mountain Spring Road</i> <i>Westport, New York 12993</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/T</i> <i>Joseph D. Sydnor, CPA</i> <i>1005 Kane Concourse, Suite 203</i> <i>Bay Harbor Islands, FL 33154-2178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000024287950</i> <i>10/30/03--01039--019 **61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph D. Sydnor* *Joseph D. Sydnor, CPA* 10/28/03 (305)868-1333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Secretary/Treasurer*