

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90236 042 ***150.00

DOCUMENT # F96000000085

1. Entity Name
SUNCOAST MOTION PICTURE COMPANY, INC.

Principal Place of Business
**10400 YELLOW CIRCLE DRIVE
 MINNETONKA MN 55343**

Mailing Address
**10400 YELLOW CIRCLE DRIVE
 MINNETONKA MN 55343**

2. Principal Place of Business
7075 Flying Cloud Dr

3. Mailing Address
7075 Flying Cloud Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Eden Prairie, MN

City & State
Eden Prairie, MN

Zip
55344

Country
USA

Zip
55344

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1824093

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO EUGSTER, JACK 10400 YELLOW CIRCLE DRIVE MINNETONKA MN 55343	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JAMES D NERMYR 10400 YELLOW CIRCLE DRIVE MINNETONKA MN 55343	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BENSON, KEITH A 10400 YELLOW CIRCLE DRIVE MINNETONKA MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOARD, HEIDI M 10400 YELLOW CIRCLE DRIVE MINNETONKA MN 55343	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SCURRY, TIMOTHY J 10400 YELLOW CIRCLE DRIVE MINNETONKA MN 55343	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Freeland 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP/S Joseph M. Joyce 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Connie Fuhrman 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Constance Kotula 7075 Flying Cloud Dr Eden Prairie, MN 55344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constance Kotula 4/17/02 952/947-2000
 Date Daytime Phone #

CR2E034 (9/01)