

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY -1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003118

1. Entity Name
DDay Productions, Inc.

Principal Place of Business
416 No. La Brea Ave.
Los Angeles, CA 90028

Mailing Address
c/o The Jim Henson Company
1416 No. La Brea Ave.
Los Angeles, CA 90028

2. Principal Place of Business
416 No. La Brea Ave.
Suite, Apt. #, etc.

3. Mailing Address
c/o The Jim Henson Company
Suite, Apt. #, etc.
1416 No. La Brea Ave.

DO NOT WRITE IN THIS SPACE

City & State
Los Angeles, CA 90028

City & State
Los Angeles, CA 90028

Zip
Country

Zip
Country

4. FEI Number 95-4746014

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Paralegal & Attorney Service Bureau, Inc.
1406 Hays St., Suite 2
Tallahassee, FL 32301

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 _____ **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 \$300.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Cheryl Henson 5358 Melrose Ave. Hollywood, CA 90038	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC Charles Rivkin 5358 Melrose Ave. Hollywood, CA 90038	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Peter Schube 5358 Melrose Ave. Hollywood, CA 90038	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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***150.00 ***150.00

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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 a different fax empowered.

SIGNATURE

Peter Schube
PETER SCHUBE, Secretary

April 28, 2000