

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90274 002 \*\*\*150.00

0652966 AV

**DOCUMENT # G07397**

1. Entity Name  
**ATLANTIC SOUTHERN PRODUCTIONS, INC.**



Principal Place of Business  
**8950 SILKWOOD CT.  
SARASOTA FL 34238  
US**

Mailing Address  
**PO BOX 1299  
OSPREY FL 34229  
US**

**11018549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2244677**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**STANLEY E MARABLE  
677 N WASHINGTON BLVD  
SUITE 2  
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**PVD  
WINDER, WILLIAM RAY, JR.**  
STREET ADDRESS **8950 SILKWOOD CT.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**S  
PARKER, DIANE A'DELL**  
STREET ADDRESS **2454 E. BURR OAK CT.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME  Change  Addition  
**Diane A'Dell Park**  
STREET ADDRESS **5732 Augusta Court**  
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE NAME  Delete  
**DT  
WINDER, WILLIAM RAY, III**  
STREET ADDRESS **8963 SILKWOOD CT**  
CITY-ST-ZIP **SARASOTA FL**

TITLE NAME  Change  Addition  
**William Ray Winder, III**  
STREET ADDRESS **309 15th Avenue NW**  
CITY-ST-ZIP **Ruskin, FL 33570**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Ray Winder, III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 (941)918-0638  
Date Daytime Phone #

CR2E034 (10/02)