


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

<b>DOCUMENT #</b> 511463 1. Entity Name <b>UPTOWN PRODUCTIONS, INC.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 SEP 30 PM 3:55

DO NOT WRITE IN THIS SPACE

900023937019  
10/20/03--01009--027 \*\*150.00

2. Principal Place of Business <b>6 GRACE MOORE ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 795</b> Suite, Apt. #, etc.
City & State <b>SANDY HOOK CT.</b>	City & State <b>NEWTOWN CT.</b>
Zip <b>06482</b> Country <b>USA</b>	Zip <b>06470</b> Country <b>USA</b>

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4. FEI Number <b>SA-2667681</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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IN THIS SPACE

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

Name <b>JAMES N. MOWER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5201 W. KENNEDY BLVD.</b>	
<b>SUITE 530</b>	
City <b>TAMPA</b>	State <b>FL</b> Zip Code <b>33609</b>

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.

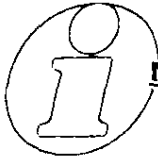
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	<b>D</b>	TITLE	DO NOT WRITE IN THIS SPACE
NAME	<b>JOSEPH PEDALINO, JR.</b>	NAME	
STREET ADDRESS	<b>6 GRACE MOORE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SANDY HOOK, CT. 06482</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other title empowered.

**SIGNATURE:** 



**INDEPENDENT PRODUCTIONS, INC.**

**P.O. BOX 795**

**NEWTOWN, CONNECTICUT 06470**

**PHONE:203-270-9796**

**FAX:203-270-9265**

**MOBILE:917-733-3805**

**WEB: WWW.INDEPENDENTPRO.COM**

**DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314**

**THIS LETTER IS A REQUEST FOR A UNIFORM BUSINESS REPORT/ANNUAL REPORT FOR 2003. I HAVE INCLUDED A CHANGE OF ADDRESS FROM AS WELL. THIS IS SO I CAN GET THE ACCESS CODE TO PAY MY ANNUAL FEE.**

**WE MOVED IN MAY OF 2002 AND NEVER RECEIVED A REPORT FOR 2003. THE POST OFFICE DID NOT FORWARD THAT MAIL ALTHOUGH THEY WERE INSTRUCTED TO DO SO.**

**PLEASE SEND ME THE FORM WITH AN ACCESS CODE SO I CAN PAY MY FILING FEE.**

**THE FORM IS FOR UPTOWN PRODUCTIONS, INC. WITH A REGISTERED FICTITIOUS NAME OF INDEPENDENT PRODUCTIONS, INC.**

**THANK YOU.**

**BEST REGARDS,  
JOE PEDALINO, JR.  
PRESIDENT  
INDEPENDENT PRODUCTIONS, INC.**