

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90143 041 \*\*\*150.00

**DOCUMENT # J50746**

1. Entity Name  
**ZOOM FILM & TAPE PRODUCTIONS, INC.**

Principal Place of Business <b>% CAROL MORROW          2175 HUNTERFIELD RD          MAITLAND FL 32751</b>	Mailing Address <b>% CAROL MORROW          2175 HUNTERFIELD RD          MAITLAND FL 32751</b>
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**00033910**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. Fed Number **59-2784825**

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

**MORROW, CAROL  
 2175 HUNTERFIELD RD  
 MAITLAND FL 32751**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City 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 the applicable (NOTE: Registered Agent's signature required when re-issuing) 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, 2001 Fee will be \$650.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MORROW, CAROL 2175 HUNTERFIELD RD MAITLAND FL 32751</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(c), 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: *Carol Morrow, Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/7/01* 407-896-2060  
 Daytime Phone

CR2E034 (10/00)