

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90072 011 \*\*\*158.75

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**DOCUMENT # J54628**

1. Entity Name

CORAL PRODUCTIONS, INC.



Principal Place of Business

785 LAMBERT AVE.  
FLAGLER BEACH FL 32136

Mailing Address

P.O. BOX 352503  
PALM COAST FL 32135

70011190



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

785 Lambert Ave.

3. Mailing Address

P.O. Box 927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Flagler Beach FL 32136

City & State

Flagler Beach FL

4. FEI Number

59-2781215

Applied For

Not Applicable

Zip

32136

Country

U.S.A.

Zip

32136

Country

U.S.A.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLEN, LINDA J  
785 LAMBERT AVE.  
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name: BRIAN C. Mullen

Street Address (P.O. Box Number is Not Acceptable)  
785 Lambert Ave.

City

Flagler Beach

FL

Zip Code  
32136

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

Brian C. Mullen, President (BRIAN C. Mullen)

1/8/03

Signature, typed or printed name of registered agent and title if applicable.

(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 STREET ADDRESS CITY-ST-ZIP	D MULLEN, LINDA J. 785 LAMBERT AVE. FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIAN C. MULLEN 785 LAMBERT AVE. FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Brian C. Mullen, President

1/8/03

(386) 439-4475

Date

Daytime Phone #

CR2E034 (10/02)