

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90014 032 ***150.00

DOCUMENT # J67881

1. Entity Name

CINE RIGS, INC.

Principal Place of Business

Mailing Address

~~1171 WILLIAMS RD.
 BABSON PK. FL 33827~~

~~1171 WILLIAMS RD.
 BABSON PK. FL 33827-9615~~

2. Principal Place of Business

2471 C.R. 630 West

3. Mailing Address

2471 C.R. 630 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Frostproof, Fla.

City & State

Frostproof, Fla.

4. FEI Number

65-0002210

Applied For

Not Applicable

Zip

33843

Country

Zip

33843

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, TODD W.

~~1171 WILLIAMS RD.~~

~~BABSON PK. FL 33827~~

Name

TODD W. SMITH

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

2471 C.R. 630 West

City

Frostproof

FL

Zip Code

33843

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
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

TITLE **P** Delete
 NAME **SMITH, TODD W**
 STREET ADDRESS **1171 WILLIAMS RD.**
 CITY-ST-ZIP **BABSON PK. FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS **2471 C.R. 630 West**
 CITY-ST-ZIP **Frostproof, FL. 33843**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

Todd W. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD W. SMITH 1-17-00
 Date

863-635-9568
 Daytime Phone #

CR2E034 (9/99)