

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90455 004 ***150.00

DOCUMENT # K49311

1. Entity Name
ALTON PRODUCTIONS INC.



Principal Place of Business
% RICHARD ASHBY
1801 BAY ROAD
MIAMI FL 33139

Mailing Address
% RICHARD ASHBY
1801 BAY ROAD
MIAMI FL 33139
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0086463**

Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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	D/V	<input type="checkbox"/> Delete
NAME	ASHBY, RICHARD	
STREET ADDRESS	5820 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIBB, BARRY	
STREET ADDRESS	5820 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GIBB, MAURICE	
STREET ADDRESS	1835 WEST 27 ST	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIBB, ROBIN	
STREET ADDRESS	5790 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GITOMER, ARNOLD	
STREET ADDRESS	TWO FIFTH AVE 15D	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 another like empowered.

SIGNATURE:

RICHARD ASHBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 APRIL 03 305-672-2390

Date

Daytime Phone #

CR2E034 (10/02)