

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90015 028 ***150.00

DOCUMENT # K72255

1. Entity Name
DAVID NIXON PRODUCTIONS, INC.

Principal Place of Business 7380 SAND LAKE RD. 511 ORLANDO FL 32819 US	Mailing Address 7380 SAND LAKE RD. 511 ORLANDO FL 32819 US
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2. Principal Place of Business 7347 Sand Lake Road Suite, Apt. #, etc. Ste 100 City & State Orlando FL Zip 32819-5252 Country USA	3. Mailing Address 7347 Sandlake Road Suite, Apt. #, etc. Ste 100 City & State Orlando FL Zip 32819-5252 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0106439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NIXON, DAVID A 6233 WESTGATE DR, #606 ORLANDO FL 32835	7. Name and Address of New Registered Agent Name DAVID NIXON Street Address (P.O. Box Number is Not Acceptable) 7380 Sandlake Road Ste 100 City Orlando FL Zip Code 32819
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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: *David Nixon* DATE: 3/20/01

Signature, typed or printed name of registered agent or trustee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIXON, DAVID A 6233 WESTGATE DR, #606 ORLANDO FL <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)(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: *David Nixon* Date: 3/20/01 (407) 345-8110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)