

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91476 025 ***150.00

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DOCUMENT # K79525

1. Entity Name
ROBINSON PRODUCTIONS, INC.



Principal Place of Business
**7081 GRAND NATIONAL DR STE 112
ORLANDO FL 32819
US**

Mailing Address
**7081 GRAND NATIONAL DR STE 112
ORLANDO FL 32819
US**



2. Principal Place of Business
1185 Bayshore Drive
Suite, Apt. #, etc.

3. Mailing Address
1185 Bayshore Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Englewood FL
Zip
34223 Country
USA

City & State
Englewood FL
Zip
34223 Country
USA

4. FEI Number **59-3019343** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, DENIS M
7081 GRAND NATIONAL DR #112
ORLANDO FL 32819**

New Address →

7. Name and Address of New Registered Agent

Name **Denis M Robinson**
Street Address (P.O. Box Number is Not Acceptable)
1185 Bayshore Drive
City **Englewood FL** Zip Code **34223**

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 *Denis M Robinson* **4/25/03**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DENIS M 7081 GRAND NATIONAL DR STE 112 ORLANDO FL 32819 <i>New Address →</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robinson, Denis M 1185 Bayshore Drive Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Denis M Robinson* **4/25/03** **941-2173-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)