

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90335 001 ***150.00

DOCUMENT # L50270

1. Entity Name

NEW ATMOSPHERE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

~~1111 N JEFFERSON AVE~~ **1121 LEWIS AVE.** ~~1111 N JEFFERSON AVE~~ **1121 LEWIS AVE.**
SARASOTA FL 34237 **SARASOTA FL 34237**

2. Principal Place of Business

1121 LEWIS AVE

3. Mailing Address

1121 LEWIS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34237

Country

USA

Zip

34237

Country

USA

4. FEI Number

56-0183789

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

PATMAGRIAN, STEVE

~~1111 N JEFFERSON AVE~~ **1121 LEWIS AVE.**
SARASOTA FL 34237

Name

STEVE PATMAGRIAN

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

1121 LEWIS AVE

SARASOTA

City

FL

Zip Code

34237

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **PATMAGRIAN, STEVE**
 STREET ADDRESS **1111 N JEFFERSON AVE. 1121 LEWIS AVE**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **V** ☐ Delete
 NAME **PATMAGRIAN, LEIGH**
 STREET ADDRESS **1111 N JEFFERSON AVE. 1121 LEWIS AVE.**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve PATMAGRIAN

4/5/02

CR2E034 (9/01)