

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88577

1. Entity Name

SKYDOG PRODUCTIONS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90330 004 ***150.00

Principal Place of Business

1000 UNIVERSAL STUDIO PLAZA
BLDG 22
ORLANDO FL 32819
US

Mailing Address

1000 UNIVERSAL STUDIO PLAZA
BLDG 22
ORLANDO FL 32819
US

2. Principal Place of Business

2000 Universal Studios Plaza

3. Mailing Address

2000 Universal Studios Plaza

Suite, Apt. #, etc.

Bldg 32 Suite 601

Suite, Apt. #, etc.

Bldg 32 Suite 601

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32819

Country

USA

Zip

32819

Country

USA

6. Name and Address of Current Registered Agent

DAWSON, KIM
1000 UNIVERSAL STUDIOS PLAZA
BLDG 22-A
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name DAWSON, Kim

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

2000 Universal Studios Plaza

Bldg 32 Suite 601

City

Orlando

FL

Zip Code

32819

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's signature required when reinstating)

DATE

4/16/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DAWSON, DOREEN SUSAN	
STREET ADDRESS	8518 SUNSET WILLOW CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAWSON, KIM	
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA BLDG 22-A	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, Kim	
STREET ADDRESS	2000 Universal Studios Plaza Bldg 32 Suite 601	
CITY-ST-ZIP	Orlando, FL 32819	
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		

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 #

4-16-01 (407) 352-8400

CR2E034 (10/00)