


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90239 002 \*\*\*150.00

DOCUMENT # <b>L 88577</b>	
1. Entity Name <b>SkyDog Productions, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**11016927**

2. Principal Place of Business <b>7380 Sand Lake Rd.</b>		3. Mailing Address <b>7380 Sand Lake Rd.</b>	
Suite, Apt. #, etc. <b>Suite #350</b>		Suite, Apt. #, etc. <b>Suite #350</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32819</b>	Country <b>Orange</b>	Zip <b>32819</b>	Country <b>Orange</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3021401</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>Greg Galloway, Esquire</b>		
Street Address (P.O. Box Number is Not Acceptable)			
c/o Ideas @ Disney MGM Studios			
City <b>Lake Buena Vista</b> <b>FL</b> Zip Code <b>32830</b>			

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 of entity principal name is required agent and take a copy of this.

(NOTE: Registered Agent signature required when registering)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>President &amp; Secretary</b> <b>Kim Dawson</b> <b>8518 Sunset Willow Ct.</b> <b>Orlando, FL 32835</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Present &amp; Treasurer</b> <b>Doreen Dawson</b> <b>8518 Sunset Willow Ct.</b> <b>Orlando, FL 32835</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 #

CR2E034B (12/02)