

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92328

1. Entity Name

ROCKING HORSE PRODUCTIONS, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90094 002 \*\*\*150.00

Principal Place of Business

Mailing Address

2910 COACHMAN AVE.  
TAMPA FL 33611  
US

PO BOX 18632  
TAMPA FL 33679-0632  
US

2. Principal Place of Business

210 PINE ST.

3. Mailing Address

210 PINE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

4. FEI Number

59-3027046

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

32233

Country

USA

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

BYRUM, CHRISTOPHER A  
2910 COACHMAN AVE  
TAMPA FL 33611

Name

DAVID BYRUM

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

210 PINE ST.

City

ATLANTIC BEACH

FL

Zip Code

32233

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 S. Byrum*  
Signature, typed or printed name of registered agent and title if applicable.

DAVID S. BYRUM

(NOTE: Registered Agent signature required when reinstating)

4/12/00

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, 2000 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 PTD  
NAME BYRU, CHRISTOPHER A  
STREET ADDRESS 2910 COACHMAN AVE  
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE PTD  
NAME BYRUM, CHRISTOPHER A.  
STREET ADDRESS 210 PINE ST.  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

CHRISTOPHER A. BYRUM

Date

4/12/00

Daytime Phone #

727/480-8491

CR2E034 (9/99)