

DOC#: m76109

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90021 048 ***550.00

DOCUMENT # 201. COR Profit A/R
 1. Entity Name
 Beyond Belief Productions, Inc.

Principal Place of Business Mailing Address
 4399 36th Street S.W. 4399 36th St. S.W.
 ORLANDO, FL. 32811 ORLANDO, FL. 32811

2. Principal Place of Business 3. Mailing Address
 114 STARDUST LANE, 6494 STARDUST LANE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 ORLANDO, FL. ORLANDO, FL.
 City & State City & State
 Zip Country Zip Country
 32818 USA 32818 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3654839 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
 Raymond FRANKLIN Keisha Gist
 4399 36th Street S.W. Street Address (P.O. Box Number is Not Acceptable)
 ORLANDO, FL. 32818 6494 STARDUST LANE
 City ORLANDO FL Zip Code 32818

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 Keisha Gist, Keisha Gist, President 9/8/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Delete		TITLE	P/S/T/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Raymond W. FRANKLIN		NAME	Keisha Gist	
STREET ADDRESS	4399 36 th Street S.W.		STREET ADDRESS	6494 STARDUST LANE	
CITY-ST-ZIP	ORLANDO, FL. 32811		CITY-ST-ZIP	ORLANDO, FL. 32818	
TITLE	Vice-President <input checked="" type="checkbox"/> Delete		TITLE	b/v <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARK FITE		NAME	Stanley Gist	
STREET ADDRESS	4399 36 th Street S.W.		STREET ADDRESS	6494 STARDUST LANE	
CITY-ST-ZIP	ORLANDO, FL. 32818		CITY-ST-ZIP	ORLANDO, FL. 32818	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(j), 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: Keisha Gist, Keisha Gist 9/8/00 407-839-6111

CR2E034 (5/00)