2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
06-04-2001 90019 034 ****61.25

DOCUMENT # N 00000005608

1. Entity Name

CLEODANZA PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
463 GLENWOOD DRIVE WEST PALM BEACH FL 33415	463 GLENWOOD DRIVE WEST PALM BEACH FLORIDA 33415

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
463 Glenwood Dr. Suite, Apt. #, etc.	463 Glenwood Dr. Suite, Apt. #, etc.
City & State: West Palm Beach Fl	City & State: West Palm Beach, Fl
Zip: 33415 Country: Palm Beach	Zip: 33415 Country: Palm Beach

4. FEI Number: 65-0347991 ☐ 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
Lois Anderson 463 Glenwood Dr. West Palm Beach, Fl 33415	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lois Anderson 463 Glenwood Dr. West Palm Beach, Fl 33415 D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary<br~~Christopher Byrd~~ Florence Choice 463 Glenwood Dr. West Palm Beach, Fl 33415 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer<br~~Florence Choice~~ Christopher Byrd 463 Glenwood Dr. West Palm Beach, Fl 33415 ☐ 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

CR2E037 (11/00)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois Anderson LOIS ANDERSON 4/6/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #