2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17209 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name MICAH PRODUCTIONS, INC. 04-11-2000 90168 018 ****61.25 Principal Place of Business Mailing Address 3902 TUDOR CT 3902 TUDOR CT APT. 182 APT. 182 TAMPA FL 33614-2003 **TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2859625 Not Applicable Country Ζiρ Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BUCKLEY, FREDERICK 3902 TUDOR CT APT. 182 Zip Code City **TAMPA FL 33614** FL 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME DAVID, ST. AMANT STREET ADDRESS STREET ADDRESS 12010 VERA AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BUCKLEY, FREDERICK NAME STREET ADDRESS STREET ADDRESS 3902 TUDOR CT #182 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ---☐ Change ☐ Addition TD ☐ Delete TITLE BLICKLEY, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 3902 TUDOR CT #182 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition SD ☐ Delete TITLE TITLE REYNOLDS, JUNE NAME NAME STREET ADDRESS 815 W 116TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME QUINLAN, JAMES R NAME STREET ADDRESS STREET ADDRESS 1023 PENEGRON DR CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

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