

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90020 008 ****61.25

DOCUMENT # **N34533**

1. Entity Name

PEACOCK PRODUCTIONS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5397 ORANGE Jk.

3. Mailing Address

5397 ORANGE Jk.

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

JAYIE FLA.

City & State

JAYIE FLA

4. FEI Number

65-0147748

Applied For

Not Applicable

Zip

33314

Country

U.S.A.

Zip

33314

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WINNOME CLARKSON

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

5397 ORANGE Jk. Suite 205

City

JAYIE

FL

Zip Code

33314

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1. 19. 04.

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

ANTHONY BLAZ

1. 19. 04 917.321.0882

CR2E037B (12/02)

Attachment
24003898

www.sunbiz.org

Division of Corporations

Annual Report

Page 1

Document Number

N34533

Business Entity Name

PEACOCK PRODUCTIONS, INC.

FEI Number

650147748

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

5397 ORANGE DR

Suite, Apt. #, etc.

SUITE 205

City, State

DAVIE

FL

Zip Code & Country

333143440

US

Mailing Address

Address

5397 ORANGE DR

Suite, Apt. #, etc.

SUITE 205

City, State

DAVIE

FL

Zip Code & Country

333143440

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

CHARLTON, WINSOME B

Address

5397 ORANGE DR

Suite, Apt. #, etc.

City, State

DAVIE

FL

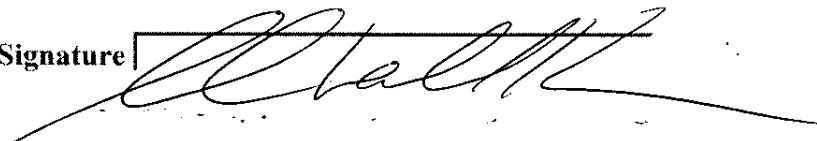
Zip Code & Country

333143440

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Attachment
24603898
Division of Corporations

Annual Report

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Document Number

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Business Entity Name

PEACOCK PRODUCTIONS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

Attachment
04003898
N34533

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

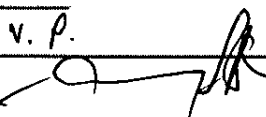
☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title

Officer/Director Signature

v. p.

 ANTHONY BLAIS[Continue](#)[Reset](#)[Start Over](#)[Sunbiz Home Page](#)[Public Access Help](#)