## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2002 8:00 am Secretary of State **DOCUMENT # N39759** 1. Entity Name THE PHOENIX PRODUCTION COMPANY, INC. 05-02-2002 90010 027 \*\*\*\*70.00 Principal Place of Business Mailing Address THE PHOENIX THEATRE P.O. BOX 360772 817 EAST STRAWBRIDGE AVE. MELBOURNE FL 32936 MELBOURNE FL 32901 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 59-3023631 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FAIRBANKS, RODNEY D 1670 TUERS RD **MELBOURNE FL 32935** City 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 9 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ĎΡ TITLE ☐ Delete TITLE ☐ Addition NAME FAIRBANKS, RODNEY STREET ADDRESS 1670 TUERS ROAD STREET ADDRESS CITY-ST-ZIP Melbourne fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CAMPBELL, ROBERT NAME STREET ADDRESS 268 PARKHILL BLVD. STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP ☐ Delete TITLE · Change · · · · · · · Addition · NAME FAIRBANKS, NANCY NAME STREET ADDRESS 1670 TUERS RD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-7IP TITLE Delete TITLE ☐ Change **Addition** NAME KLINE, JOE JENNIFER WOLF NAME 3203 RIVERYILLAWAY STREET ADDRESS 429 WELLWOOD ST SW STREET ADDRESS MCLBOURNEBRACH, FL 32951 CITY-ST-ZIP PALM BAY FL 32908 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: SIGNATURE IRROPLED FAIRBANKS

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