

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005081

1. Entity Name

LOUDMOUTH PRODUCTIONS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90016 015 ****61.25

Principal Place of Business

Mailing Address

10151 UNIVERSITY BLVD.
SUITE 151
ORLANDO FL 32817

10151 UNIVERSITY BLVD.
SUITE 151
ORLANDO FL 32817-1904

2. Principal Place of Business

10151 University Blvd.

3. Mailing Address

SAME CHANGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 361

City & State

Orlando FL

City & State

Zip

32817

Country

Zip

Country

4. FEI Number

59-3341179

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAZER, CRAIG
10151 UNIVERSITY BLVD.
SUITE 151
ORLANDO FL 32817

Name

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

SAME ADD CHANGE

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] CRAIG MAZER

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

(NOTE: Registered Agent signature required when reinstating)

2/2/2000
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 D ☐ Delete
NAME MAZER, CRAIG
STREET ADDRESS 10151 UNIVERSITY BLVD. SUITE 151
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition
NAME SAME CHANGE
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NETRAM, CHRIS
STREET ADDRESS 10151 UNIVERSITY BLVD. SUITE 151
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition
NAME //
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KELLEY, MARTY
STREET ADDRESS 10151 UNIVERSITY BLVD. SUITE 151
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition
NAME //
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] CRAIG MAZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000

Date

407 2635504

Daytime Phone #

CR2E037 (9/99)