

4/21

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

FILED
May 21, 2002 8:00 am
Secretary of State

04-02-2002 90970 028 ****61.25

DOCUMENT # N95000005081

1. Entity Name

Loudmouth Productions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10151 University Blvd, Suite 361

3. Mailing Address

10151 University Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando Florida

Orlando FLORIDA

Zip

Country

Zip

Country

32817

U.S.

32817

U.S.

4. FEI Number

59-3341179

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

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

10151 University Blvd.

Suite 361

City

Orlando

FL

Zip Code

32817

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IN THIS SPACE

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)

CRAIG MAZER

3/23/02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D/C
NAME Craig Mazer - D
STREET ADDRESS 10151 University Blvd, Ste 361
CITY-ST-ZIP Orlando, FL 32817

TITLE V/T
NAME Stacey Matrizzo - D
STREET ADDRESS 10151 University Blvd., Ste 361
CITY-ST-ZIP Orlando, FL 32817

TITLE S
NAME Chris Netram - D
STREET ADDRESS 10151 University Blvd., Ste 361
CITY-ST-ZIP Orlando, FL 32817

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG MAZER

3/23/02

Date

Daytime Phone #

407 263 5504

CR2E037B (12/01)