

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90076 041 ****70.00

DOCUMENT # N96000005342

1. Entity Name

JUBILANT PRODUCTIONS, INC.

Principal Place of Business

**8343 YELLOW LANE
TALLAHASSEE FL 32311**

Mailing Address

**PO BOX 3491
TALLAHASSEE FL 32303**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3392869

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLSTON, DELORES A
8343 YELLOW LANE
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PSD** ☐ Delete
NAME **PENTON, GRACIE**
STREET ADDRESS **ROUTE 1 BOX 3108**
CITY-ST-ZIP **HAVANA FL 32333-9732**TITLE **TD** ☐ Delete
NAME **HARRIS, MATHE'**
STREET ADDRESS **1031 W. DELAWARE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32310**TITLE **CMVD** ☐ Delete
NAME **COLSTON, DELORES**
STREET ADDRESS **2909 BYINGTON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE **M** ☒ Delete
NAME **DAVIS, DONNELL**
STREET ADDRESS **6103 PROCTOR ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/S/M** ☒ Change ☐ Addition
NAME
STREET ADDRESS **PENTON, GRACIE**
CITY-ST-ZIP **ROUTE 1 BOX 3108**
HAVANA FL 32333-9732TITLE **V/D/C** ☒ Change ☐ Addition
NAME
STREET ADDRESS **HARRIS, MATHE'**
CITY-ST-ZIP **1031 DELAWARE STREET**
TALLAHASSEE FL 32310TITLE **P/D/C** ☒ Change ☐ Addition
NAME
STREET ADDRESS **COLSTON, DELORES**
CITY-ST-ZIP **8343 YELLOW LANE**
TALLAHASSEE FL 32311-7718TITLE **T/M** ☐ Change ☒ Addition
NAME
STREET ADDRESS **SNELLING, SHARON**
CITY-ST-ZIP **10454 MERRIBROOK LANE**
TALLAHASSEE FL 32312TITLE **T/D/S** ☐ Change ☒ Addition
NAME
STREET ADDRESS **WILLIAMS, TRACY**
CITY-ST-ZIP **833 PORTER MICHELL RD.**
QUINCY FL 32351TITLE ☐ 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:

DeLores A. Colston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-01

Daytime Phone #

850/414-2561

CR2E037 (10/00)