

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004529

1. Entity Name

RAPTURE PRODUCTIONS CORPORATION

Principal Place of Business

Mailing Address

5047 SKYKING LANE
TALLAHASSEE FL 32304

5047 SKYKING LANE
TALLAHASSEE FL 32304-9149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, STEVEN P
716 NORTH MONROE ST
TALLAHASSEE FL 32303

Name Steven P. Graham
Street Address (P.O. Box Number is Not Acceptable) 5047 Skyking Lane
City Tallahassee FL 32304

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, type 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTS	<input type="checkbox"/> Delete
NAME	GRAHAM, STEVEN P	
STREET ADDRESS	716 NORTH MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MOYE, GEORGE	
STREET ADDRESS	1111 ALACHUA AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, MITCH	
STREET ADDRESS	1244 EAST AVE. R-4	
CITY-ST-ZIP	PALMDALE CA 93550	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASS, BENJAMIN S	
STREET ADDRESS	47 HARVEY MILL ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREW, MIKE	
STREET ADDRESS	7485 SOUTHERN COUNTRY LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90093 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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