

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001012

FILED
Feb 25, 2003
Secretary of State

Entity Name: FLYING SAUCER PRESENTS, INC.

Current Principal Place of Business:

7125 GARDEN STREET
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

7125 GARDEN STREET
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3490267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALL, HAYWOOD M
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MILLER, THOMAS B
Address: 7125 GARDEN STREET
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: BALL, HAYWOOD M
Address: 270 5TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: MARTIN, MARY LOU
Address: 5825 OAK ST
City-St-Zip: KANSAS CITY, MO 64113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS B. MILLER

PTD

02/25/2003

Electronic Signature of Signing Officer or Director

Date