9/19/2002-90160-014-$61.25-$61.25

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

FILED
02 OCT -3 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B0139687

DOCUMENT # N99000001938

1. Entity Name

Real Life Productions, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6850 Living Water Pl.	6850 Living Water Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33610 Country: USA	Zip: 33610 Country: USA

4. FEI Number 30-0116900 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jennifer McCord

Street Address (P.O. Box Number is Not Acceptable): 6850 Living Water Pl

City: Tampa **FL** Zip Code: 33610

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	D
NAME	CLARK, RONALD H
STREET ADDRESS	6850 Living Water Pl
CITY-ST-ZIP	Tampa FL 33610
TITLE	D
NAME	CLARK, Belinda B
STREET ADDRESS	6850 Living Water Pl
CITY-ST-ZIP	Tampa FL 33610
TITLE	D
NAME	Myer, Melvin A
STREET ADDRESS	6850 Living Water Pl
CITY-ST-ZIP	Tampa FL 33610
TITLE	D
NAME	McCord, Michael C.
STREET ADDRESS	6850 Living Water Pl
CITY-ST-ZIP	Tampa FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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: Michael McCord, Director 9/18/02 813.620.4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #