

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90428 039 ****61.25

DOCUMENT # N99000007074

1. Entity Name
ROSSIER PRODUCTIONS, INC.



Principal Place of Business
**1614 S. MERIDIAN STREET
TALLAHASSEE FL 32301**

Mailing Address
**P.O. BOX 952
TALLAHASSEE FL 32302**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3620607** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSSIER, GAIL A.
1614 S. MERIDIAN STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, Zip Code
FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gail A. Rossier* DATE **1-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution? **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSSIER, GAIL A	
STREET ADDRESS	P.O. BOX 952	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ASKEVOLD, INGOLF	
STREET ADDRESS	P.O. BOX 21	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	ROSSIER, GAIL	
STREET ADDRESS	BOX 932	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LINER, STEVE	
STREET ADDRESS	825 KENILWORTH RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rossier, Gail	
STREET ADDRESS	1614 S. Meridian St.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fry, Terri	
STREET ADDRESS	5359 Carisbrooke Lane	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Askevold, Ingolf	
STREET ADDRESS	1614 S. Meridian St.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fry, Terri	
STREET ADDRESS	5359 Carisbrooke Lane	
CITY-ST-ZIP	Tallahassee, FL 32308	
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: *GAIL A. ROSSIER* DATE **1-10-03** DAYTIME PHONE # **850-224-0372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)