2001 UNIFORM BUSINESS REPORT DOCUMENT # P00000010666 A.V. GROUND ZERO PRODUCTIONS, INC. Principal Place of Business Mailing Address 1203 HOMOSASSA CT. 1203 HOMOSASSA CT. LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

HIGGINS, JAMES K JR.

1203 HOMOSASSA CT. LONGWOOD FL 32779

9. This corporation is eligible to satisfy its Intangible

HIGGINS, JAMES K JR.

1203 HOMOSASSA CT.

LONGWOOD FL 32779

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITI F

NAME

TITLE NAME

TITLE

NAME

TITLE NAME

TITLE MAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

6.- Name and Address of Current Registered Agent...

Signature, typed or printed name of registered agent and little if applicable

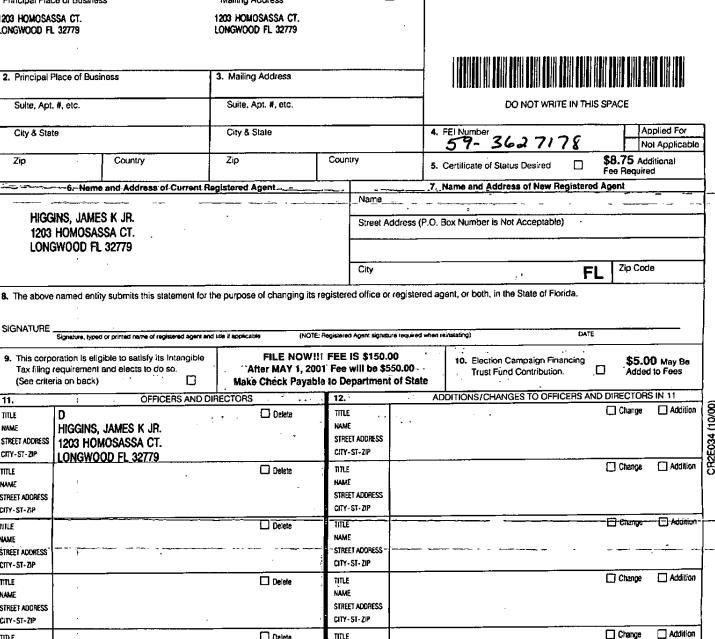
OFFICERS AND DIRECTORS

Zio

5/1

FILED Jun 21, 2001 8:00 am **Secretary of State**

05-10-2001 90177 016 ***150.00



13. I hereby certify that the information supplied with this filling 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 shell 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 607, Florida Statutes and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

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After MAY 1, 2001 Fee will be \$550.00 --

NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

☐ Addition

☐ Change