

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90028 033 ***150.00

DOCUMENT # P00000014276

1. Entity Name
~~IMPOSSIBLE FILMS, INC.~~

Wild Fish Inc. N/c 12/20/01 (TM) ✓

Principal Place of Business

1010 S FERNCREEK AVE
ORLANDO FL 32806

Mailing Address

1010 S FERNCREEK AVE
ORLANDO FL 32806

2. Principal Place of Business

4518 Curry Ford Rd.
Suite, Apt. #, etc.

3. Mailing Address

4518 Curry Ford Rd.
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3621476

Applied For

Not Applicable

Zip

32812

Country

Orange

Zip

32812

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHLER, SCOTT

2311 S. CONWAY ROAD, #617

ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name Scott Fischler

Street Address (P.O. Box Number is Not Acceptable)

1905 S. Kirkman Rd. Apt. #514

City Orlando

FL

Zip Code 32811

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 *Scott Fischler*
Signature, typed or printed name of registered agent and title if applicable.

Scott Fischler
(NOTE: Registered Agent signature required when reinstating)

1/18/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME FISCHLER, SCOTT
STREET ADDRESS 2311 S. CONWAY ROAD, #617
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE ~~D~~
NAME ~~JONES, GREG~~
STREET ADDRESS ~~2311 S. CONWAY ROAD, #617~~
CITY-ST-ZIP ~~ORLANDO FL 32812~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Fischler Scott
STREET ADDRESS 1905 S. Kirkman Rd. Apt #514
CITY-ST-ZIP Orlando, FL 32811 ☒ Change ☐ Addition

TITLE D
NAME Wild, Michelle
STREET ADDRESS 1905 S. Kirkman Rd. Apt #514
CITY-ST-ZIP Orlando, FL 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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.

SIGNATURE: *Scott Fischler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02
Date

407.736.1812
Daytime Phone #

CR2E034 (9/01)