## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P00000015871 1. Entity Name 05-19-2002 90166 001 \*\*\*150.00 BANJO PRODUCTIONS CORPORATION Principal Place of Business Mailing Address 330 G. WINSTON CREEK PARKWAY 330 G. WINSTON CREEK PARKWAY 964000 LAKELAND FL 33810 LAKELAND FL 33810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3157971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- -- 6. Name and Address of Current Registered Agent: -- ------ 7. Name and Address of New Registered Agent SMITH, WAYNE D Street Address (P.O. Box Number is Not Acceptable) 6520 SUNSET RIDGE LAKELAND FL 33810 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE -Delete TITLE ☐ Addition ☐ Change NAME > SMITH, M. LYNNE NAME STREET ADDRESS 6520 SUNSET RIDGE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCKEON, AMANDA L NAME STREET ADDRESS 1313 HEARTLAND CIR. STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PARKINSON, JOHN W NAME STREET ADDRESS STREET ADDRESS **RURAL ROUTE 1** CITY-ST-ZIP CITY-ST-ZIP **ADENA OH 43901** ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of of the r

SIGNATURE:

**FILED**