

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90221 039 ***150.00

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DOCUMENT # P00000017128

1. Entity Name
Z PRODUCTIONS, INC.



Principal Place of Business
**5729 13TH AVE.N. #307-D
ST PETERSBURG FL 33710**

Mailing Address
**P.O. BOX 3732
ST PETERSBURG FL 33731**



2. Principal Place of Business
4920 38 WAY S

3. Mailing Address

Suite, Apt. #, etc.
211

Suite, Apt. #, etc.

City & State
ST PETERSBURG FL

City & State

Zip
33711

Country
USA

Zip

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WESCOTT, CHRISTOPHER M
5729 13TH AVE.N. #307-D
ST PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name
CHRISTOPHER M WESCOTT

Street Address (P.O. Box Number is Not Acceptable)
**4920 38 WAY S
211**

City
ST PETERSBURG

FL

Zip Code
33711

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 *Christopher M Wescott* *Christopher M. Wescott* *01/16/2002*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DOWNS, MIGUEL A 5729 13TH AVE.N. #307-D ST PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WESCOTT, CHRISTOPHER M 5729 13TH AVE.N. #307-D ST PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MIGUEL A DOWNS 4920 38 WAY S # 211 ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHRISTOPHER M WESCOTT 4920 38 WAY S # 211 ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Christopher M Wescott* *Christopher M. Wescott* *01/16/2002* *727-865-9831*

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)