## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P00000034402 **DOCUMENT #**

1. RIF



**FILED** Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90069 004 \*\*\*150.00

Entity Name K-LEE PRODUCTIONS, INC.	,000001102	
cipal Place of Business 22NW 144TH ST.	Mailing Address P.O. BOX 582	· .•

							105						
Principal Place of Business Mailing Address 14602NW 144TH ST. P.O. BOX 582 ALACHUA FL 32616 ALACHUA FL 32616				• •	<u> </u>			<b>60</b> 1 407 <b>60</b> 101 <b>60</b> 101	PRIN RANI	Edili 60lbi	) (1111) <b>(112</b> 11 <b>9</b> 12	<b>.</b> 	
Principal Place of Business     3. Mailing Address					<del></del>								
Suito Ani	t # ata												
Suite, Apt. #, etc.		Sur	Suite, Apt. #, etc.			ļ	☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State				4. FEI Numb	er <b>59-363</b> 4	 1942			Applied For		
Zip		Country	Zip		Count	try		5. Certificate	of Status Des		[7	\$8.75 A	Not Applicable Additional
	6. Name ar	nd Address of Curren	Register	ed Agent	<u> </u>	-		/ Nama and	Add4			Fee Requi	
						Name	<del>- 1 3/</del>	. Name and	Address of I	vew Reg	Istered	Agent	
BRAWNE	R, FREDERICK	, ,			,								
14602 NV	W 144TH ST.				ĺ	Street Ac	ddress (P.O	. Box Numb	er is Not Acce	otable)			
ALACHUA	A FL 32616				j	<del></del> -							
					-	City	<del></del>				FL	Zip Co	
8. The above the obliga	e named entity si ations of registere	ubmits this statement fo d agent.	or the purp	ose of changing its	registere	d office or I	registered	agent, or bo	th, in the State	of Florid	a. Lam	familiar with	ı, and accept
; SIGNATURE						<u></u>							
<del></del>		rinted name of registered agent	and title if app	licable. (NOTE	E: Registered	Agent signatur	e required whe	n reinstating)			DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 orida Department o	f State						ection Campai st Fund Contr				00 May Be ed to Fees
10.	- -	OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/	CHANGES TO	OFFICE	RS AND	DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D   Brawner, S   P.O. Box 58;   Alachua Fl	2		☐ Delete	TITLE NAME STREET	TADDRESS		-	<u>.</u>		,	☐ Change	
TITLE		¥1042		☐ Delete	TITLE	31-211		<del>.</del>		<del></del>		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					NAME STREET CITY-S	T ADDRESS						_ ,	
TITLE NAME STREET ADDRESS	_	manage and the second of the s		Delete .	TITLE . NAME STREET	ADDRESS		_	<del></del>	~ ·	P. 14	☐ Change	☐ Addition
CITY-ST-ZIP					CITY-S	T-ZIP	_				-		
TITLE NAME				☐ Delete	TITLE NAME							☐ Change	☐ Addition
STREET ADDRESS City-St-Zip	i				STREET CITY-S	ADDRESS T-ZIP							}
TITLE NAME STREET ADDRESS				□ Delete	TITLE NAME STREET	ADDRESS	-					☐ Change	Addition
CITY-ST-ZIP FITLE	<u>.</u>			☐ Delete	CITY-ST			**	-				
NAME Street address City-St-Zip					NAME	ADDRESS 1-ZIP	•		•			☐ Change	Addition

12. 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 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