

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000043137**1. Entity Name
CHRISTOPHER PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
5224 S ORANGE AVE	5224 S ORANGE AVE
ORLANDO FL 32809	ORLANDO FL 32809

2. Principal Place of Business	3. Mailing Address
1510 WOODLAND STREET	1510 WOODLAND STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State
ORLANDO FL	ORLANDO FL

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
32806		32806	

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CASLER CHRISTOPHER**
1616 PEPPERIDGE DRIVE**ORLANDO FL**
328061524Name
CASLER CHRISTOPHER
Street Address (P.O. Box Number is Not Acceptable)
1510 WOODLAND STREETCity
ORLANDO FL Zip Code
32806

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 **CHRISTOPHER CASLER****01/12/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	CASLER CHRISTOPHER	
STREET ADDRESS	1616 PEPPERIDGE DRIVE	
CITY-ST-ZIP	ORLANDO FL 328061524	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASLER CHRISTOPHER	
STREET ADDRESS	1510 WOODLAND STREET	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: christopher casler

Pres 01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)