

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90089 037 ***150.00

DOCUMENT # P00000047492

1. Entity Name

IMPACTE! PRODUCTIONS, INC.

Principal Place of Business

5612 GOLDENWOOD DR
ORLANDO FL 32817

Mailing Address

5612 GOLDENWOOD DR
ORLANDO FL 32817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3651282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIMBRO, ALAN W
11180 1ST ST E., #3
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

KIMBRO, ALAN W.

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

5612 GOLDENWOOD DRIVE

ORLANDO, FL

32817

City

FL

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] V.P. ALAN W. KIMBRO, VICEPRES. 4/26/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIMBRO, TOD A | |
| STREET ADDRESS | 5612 GOLDENWOOD DR | |
| CITY-ST-ZIP | ORLANDO FL 32817 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DREWETT, MEGHAN | |
| STREET ADDRESS | 1501 HAZELWOOD DR | |
| CITY-ST-ZIP | ORLANDO FL 32806 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|---|
| TITLE | D/P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIMBRO, TOD A. | |
| STREET ADDRESS | 5612 GOLDENWOOD DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32817 | |
| TITLE | D/EVP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DREWETT, MEGHAN | |
| STREET ADDRESS | 1501 HAZELWOOD DR | |
| CITY-ST-ZIP | ORLANDO, FL 32806 | |
| TITLE | VP/ST | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALAN W. KIMBRO | |
| STREET ADDRESS | 5612 GOLDENWOOD DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32817 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARWAN A. KIMBRO | |
| STREET ADDRESS | 5612 GOLDENWOOD DR. | |
| CITY-ST-ZIP | ORLANDO, FL 32817 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

[Signature] V.P. ALAN W. KIMBRO, VICE PRES 727/823-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

4/26/01

CR2E034 (10/00)