2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000052326					F11 #"ii			- 5
1. Entity Name PRODUCTIONS, INC.					FILEU SECRETARY OF STATE STATEON OF CORPORATIONS			
					01 OCT -9 PM 4:	20		
	ce of Business	Mailing Address				10		
209 PALMETT	TTO STREET POST OFFICE BOX 1399 ILE FL 33823 AUBURNDALE FL 33823							
NODUNINDALE	. 1	AUDURINDALE FE 33023			: (CD())	95 31110 († 386 1111 6)	() E () () E ()	
2. Principal Plage of Business 3. Mailing Address								
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Suite, Apt. #, etc. Suite, Apt. #, etc.				THE.	INSTATEMENT	SISPACE D	l	
City & Stat	3823	City & State			El Nymber 5 9 - 3701633		pplied For ot Applicable]
Zip	Polk Juny 15A	Zip	Country		Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current R	legistered Agent	Name	7. N	lame and Address of New Registere	d Agent		-
CORPORATION SERVICE COMPANY					H. KEADY			
1201 HAYS STREET					lox Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525				,				
	0 1/1	^	City.	<i>f</i> .	- 1 - F	Zip Cod	3823	1
8. The above named entity submits this statement for the purpose of changing its registered office or regist.					DATE	<u>- 3</u>	3823	1
This above the state of Figure 2 in the particle of the state of Figure 2 in the state of Figure 2.								
SIGNATURE .	X Honay 15-	well						
Signaty e, typed or printed name dyegistered agent and title if applicable. NOTE: Registered Agent signature required w					oinstating) DATE		-	-
9. This corpo	FEE IS \$550.00	750.00	10. Election Campaign Financing	\$5.0	0 May Be			
Tax filing requirement and elects to do so. (See criteria on back) After September 12,2 Make Check Payable					Trust Fund Contribution,	☐ Added	l to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	AD	L DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	3 IN 11	1_
TITLE NAME	P Ready, Donald A	☐ Delete	TITLE		200004639	Change	Addition	2E034 (5/01)
STREET ADDRESS	209 PALMETTO STREET		NAME STREET ADDRESS		-10/17/010	010180.	16 [—]	34
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP		****750.00	****75().00	2E0
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NAME			NAME	\\\ \U	//b			
STREET ADDRESS CITY-ST-ZIP,			STREET ADDRESS CITY-ST-ZIP	W.	V			
TITLE	<u> </u>	☐ Delete	TITLE	$\mathcal{H}-$		Change	Addition	
NAME			NAME	*		— * * 0 *		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			Onungo		
STREET ADDRESS City-St-Zip		•	STREET ADDRESS			•	1	
	certify that the information supplied with the	nis filing doed not qualify for t	CITY-ST-ZIP	n Section	19 07(3)(i) Florida Statuton Liturthan a	ertifu that the in	formation	
indicated of the con	certify that the information supplied with the on this report or supplemental report is to poration or the receiver of instee empowers.	rue and accurate and that my	signature shall have street by Chamer	the same le	egal effect as if made under oath; that da Statutes; and that my name annears	sany mai me ini Lam an officer o sin Block 11 or	or director Block 12 if	
changed,	or on an attachment will an address, wi	the offerike entrowered.		. 557,110116	statistics, and that my hamo appears	31-12	100	
SIGNAT	URE: SANDAN	WE/HEVEDONA	duA. Ready		8/6/01 (863) 9	167-4139		
		NTED NAME OF SIGNING OFFICER OF	RDIRECTOR		Date	Daytime Phone # /	<u>-</u> +	l