

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90090 048 ***150.00

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

DOCUMENT # P00000056124

1. Entity Name

Renegade Films, Inc.

DO NOT WRITE IN THIS SPACE

921752

2. Principal Place of Business
995 17th Avenue North

3. Mailing Address
995 17th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Saint Petersburg, FL

City & State
Saint Petersburg, FL

4. FEI Number 593651219

Applied For
Not Applicable

Zip Country
33704 USA

Zip Country
33704 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Kerry Hogan

Street Address (P.O. Box Number is Not Acceptable)
4910 44th Avenue North

City Saint Petersburg FL Zip Code 33709

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



Kerry M. Hogan, Vice President

2/5/02

Signature of registered agent 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D Richard H. Danford 12413 Kiwi Avenue Tampa, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S/T Kerry M. Hogan 4910 44th Avenue North Saint Petersburg, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Pori Denicolo 995 17th Avenue North Saint Petersburg, FL 33704
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

Date

(727) 688-5756

Daytime Phone #

CR2E034B (12/01)