

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90742 038 \*\*\*150.00

**DOCUMENT # P0000075563**

1. Entity Name  
**UNPREDICTABLE PRODUCTIONS, INCORPORATED**



Principal Place of Business  
1001 N GREENWOOD AVE, APT 3, BLDG 6  
CLEARWATER, FL 33755

Mailing Address  
1001 N GREENWOOD AVE, APT 3, BLDG 6  
CLEARWATER, FL 33755



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1001 N Martin Luther King Ave**  
Suite, Apt. #, etc.  
**APT 2 BLDG 4**  
City & State  
**Clearwater, FL**

3. Mailing Address  
**1001 N Martin Luther King Ave**  
Suite, Apt. #, etc.  
**APT 2 BLDG 4**  
City & State  
**Clearwater, FL**

Zip  
**33755**

Country  
**U.S.**

Zip  
**33755**

Country  
**US**

4. FEI Number  
**59-3678136**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JERRIDO, MICHAEL**  
1001 N GREENWOOD AVE, BLDG6, APT 3  
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resignating)

DATE

**FILE NOW!!! FEES \$150.00**  
**AFTER MAY 1, 2003 Fee will be \$550.00**  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>JERRIDO, MICHAEL</b> 1001 N GREENWOOD AVE, APT 3, BLDG 6 CLEARWATER, FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAMS, SHERRIE</b> 1734 KENNETH PL, APT A CLEARWATER, FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Jerido*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03** (727) 215-6378  
Daytime Phone #

CR2E034 (10/02)