

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 015 ***150.00

DOCUMENT # P0000000851241
1. Entity Name
Entertainment Production Group

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80061886

2. Principal Place of Business <u>5493 N. River Rd.</u>		3. Mailing Address <u>5493 N. River Rd. *</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Alva, FL</u>		City & State <u>Alva, FL</u>	
Zip <u>33920</u>	Country <u>USA</u>	Zip <u>33920</u>	Country <u>USA</u>

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DO NOT WRITE IN THIS SPACE	4. FEI Number EIN # <u>65-1106376</u>		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			
Name <u>Todd Grove</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5493 N. River Rd. *</u>			
City <u>Alva</u> FL Zip Code <u>33920</u>			

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 Todd Grove DATE 3/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when non-alien.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>owner/President</u>	NAME <u>Todd Grove</u>	TITLE	NAME
STREET ADDRESS <u>5493 N. River Rd. *</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>Alva, FL 33920</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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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: Todd Grove DATE 3/27/02 (863) 907-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* This is a change of business address

CR2E034B (12/01)