

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000087625**1. Entity Name
EVERGREEN TV PRODUCTIONS, INC.Principal Place of Business
4524 SOUTHAMPTON COURT
TAMPA FL 33624Mailing Address
4524 SOUTHAMPTON COURT
TAMPA FL 336242. Principal Place of Business
17813 SAILFISH DRIVE
APT. B3. Mailing Address
P.O. BOX 273208Suite, Apt. #, etc.
APT. B

Suite, Apt. #, etc.

City & State
LUTZ FLCity & State
TAMPA FLZip
33549

Country

Zip
33688

Country

4. FEI Number
59-3669732Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWALTERS LOUANNE
4524 SOUTHAMPTON COURT
TAMPA FL 33624**7. Name and Address of New Registered Agent**Name
WALTERS LOUANNE
Street Address (P.O. Box Number is Not Acceptable)
17813 SAILFISH DRIVE
APT. B
City
LUTZ FL Zip Code
33549

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 **LOUANNE WALTERS****04/26/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DV	WALTERS BOBBY GENE	2338 PARK PLACE DR.	GULFPORT MS 39507	<input type="checkbox"/>
DPST	WALTERS LOUANNE	4524 SOUTHAMPTON COURT	TAMPA FL 33624	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DPST	WALTERS LOUANNE	17813 SAILFISH DRIVE, APT. B	LUTZ FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Louanne Walters

DPST

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)