

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90140 040 \*\*\*158.75

UBR1010 1A

**DOCUMENT # P00000099947**

1. Entity Name

**JONAH PRODUCTIONS, INC.**

Principal Place of Business

**P O BOX 948294  
 MAITLAND FL 32794**

Mailing Address

**P O BOX 948294  
 MAITLAND FL 32794**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-0508255**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CALDWELL, DONNA  
 708 CHESTNUT BAY CIRCLE  
 ORLANDO FL 32835**

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.

SIGNATURE

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, 2002 Fee will be \$550.00  
 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 ☐ Delete  
 NAME **PS LEYRER, C DAVID**  
 STREET ADDRESS **736 LEE ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete  
 NAME **V JOHNSON, AUDRA N**  
 STREET ADDRESS **202 W CARBONATE ST**  
 CITY-ST-ZIP **HAILEY ID 83333**

TITLE ☐ Delete  
 NAME **T LUCAS, DAVID L**  
 STREET ADDRESS **2227 MINERAL SPRINGS AVE**  
 CITY-ST-ZIP **N PROVIDENCE RI 02911**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **PS LEYRER, C DAVID**  
 STREET ADDRESS **3655 W TROPICANA SUITE 3120**  
 CITY-ST-ZIP **LAS VEGAS, NV 89103**

TITLE ☒ Change ☐ Addition  
 NAME **V JOHNSON, AUDRA N**  
 STREET ADDRESS **5125 W RENO AVE # 2042**  
 CITY-ST-ZIP **LAS VEGAS, NV 89118**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. DAVID LEYRER PRESIDENT 28AM02 107-595-7783**

Date

Daytime Phone #

CR2E034 (9/01)