

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90246 008 \*\*\*150.00

A0065793

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000103435</b> 1. Entity Name North Pole Online Productions, Inc.			
Principal Place of Business 537 Newport Center Dr. Newport Beach, CA 92660		Mailing Address 3355 W. Bearss Ave Tampa, FL 33618	
2. Principal Place of Business 537 Newport Center Dr. Suite, Apt. #, etc.		3. Mailing Address 3355 W. Bearss Ave Suite, Apt. #, etc.	
City & State Newport Beach, CA Zip 92660		City & State Tampa FL Zip 33618	
Country US		Country US	
4. FEI Number 58-2581255		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Walter Sanders 3355 W. Bearss Ave. Tampa, FL 33618		7. Name and Address of New Registered Agent Name: Sanders, Walter Street Address (P.O. Box Number is Not Acceptable): 3355 W. Bearss Ave. City: Tampa FL Zip Code: 33618	
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: <u>Walter Sanders</u> <u>Walter Sanders</u> DATE: <u>4/19/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Alden 537 Newport Center Dr. Newport Beach, CA 92660	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Huebshwerlen, Stacie 8 Pavona Newport Coast, CA 92657	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Alden Brown</u> <u>Alden Brown</u> DATE: <u>Apr 24/01</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone #	

CR2E034 (11/00)