

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

DOCUMENT # P00000105003 ✓

1. Entity Name

FOREVERMORE FILMS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1000 Universal Studios Plaza

3. Mailing Address

2962 Falling Tree Cr.

Suite, Apt. #, etc.

Blkg. 22

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32819

USA

32837

USA

4. FEI Number

59-3685105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL SIRMONS

Street Address (P.O. Box Number is Not Acceptable)

2962 Falling Tree Cr.

City

Orlando

FL

Zip Code

32837

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

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

(NOTE: Registered Agent signature required when reappointing)

4/29/02  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

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.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P-D  
NAME PAUL SIRMONS  
STREET ADDRESS 2962 Falling Tree Cr.  
CITY-ST-ZIP Orlando, FL 32837

TITLE S-T-D  
NAME SHERY SIRMONS  
STREET ADDRESS 2962 Falling Tree Cr.  
CITY-ST-ZIP Orlando, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employees.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

407-888-2958

Daytime Phone #

CR2E034B (12/01)