

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED

May 18, 2001 8:00 am  
Secretary of State

04-18-2001 90024 047 \*\*\*150.00

DOCUMENT # P00000113471

1. Entity Name

WILL KNOT DI PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

10 5TH ST N STE 204  
ST PETERSBURG FL 33701  
2636 64TH PL N.  
ST. PETERSBURG FL 33702

10 5TH ST N STE 204  
ST PETERSBURG FL 33701  
2636 64TH PL N  
St. Petersburg, FL 33702

2. Principal Place of Business

3. Mailing Address

2636 64TH PL N.  
Suite, Apt. #, etc.

2636 64TH PL N.  
Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL  
33702 U.S.A.

City & State

ST. PETERSBURG FL  
33702 U.S.A.

4. FEI Number

59-3715753

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASH, CHRISTOPHER C.  
100 N TAMPA ST STE 1900  
TAMPA FL 33602

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEAVENGOOD, WILLIAM	
STREET ADDRESS	2636 64TH PL N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAVENGOOD, DIANA	
STREET ADDRESS	2636 64TH PL N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

William Leavengood 4/9/01 727-521-3829

Date

Daytime Phone #

CR2E034 (10/00)