

# 2002 UNIFORM BUSINESS REPORT (UBR)

0089994 AV

**DOCUMENT #** P01000011389

**1. Entity Name**  
CROWE PRODUCTIONS, INC.

FILED  
02 APR 17 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business** 3733 NORTH GOLDENROD ROAD  
SUITE 121  
WINTER PARK FL 32792

**Mailing Address** 3733 NORTH GOLDENROD ROAD  
SUITE 121  
WINTER PARK FL 32792

**2. Principal Place of Business** Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address** Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 59-3696356 **Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
SIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**  
Name: SPIEGEL & UTRERA, P.A.  
Street Address (P.O. Box Number is Not Acceptable): 1840 SOUTHWEST 22 STREET  
4th Floor  
City: Miami FL Zip Code: 33145

**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.**  
By: Natalia Utrera April 26, 2002  
Natalia Utrera, Vice President (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.** ☐ **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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CROWE, THOMAS<br>3733 NORTH GOLDENROD ROAD<br>WINTER PARK FL 32771    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>THOMPSON, MATTHEW<br>3733 NORTH GOLDENROD ROAD<br>WINTER PARK FL 32771 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RICKARD, KEVIN<br>3733 NORTH GOLDENROD ROAD<br>WINTER PARK FL 32771    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SNYDER, KAREN<br>3733 NORTH GOLDENROD ROAD<br>WINTER PARK FL 32771     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CROWE THOMAS<br>3733 N GOLDENROD Rd #121<br>WINTER PARK, FL 32792  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>SNYDER, KAREN<br>3733 N GOLDENROD Rd #121<br>WINTER PARK, FL 32792 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <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 an other like empowered.**

**SIGNATURE:** KAREN J SNYDER 4/4/02 407-589-0019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)