

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0096742 AV

DOCUMENT # P01000011389

1. Entity Name
CROWE PRODUCTIONS, INC.



03 MAR 31 AM 8:25

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

JA



2. Principal Place of Business
7712 WHISPER PLACE
Suite, Apt. #, etc.

3. Mailing Address
7712 WHISPER PLACE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number 59-3696356

Applied For
Not Applicable

Zip
32810

Country

Zip
32810

Country

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

6. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CROWE, THOMAS
STREET ADDRESS 3733 NORTH GOLDENROD ROAD, #121
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE ST
NAME SNYDER, KAREN
STREET ADDRESS 3733 NORTH GOLDENROD ROAD, #121
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CROWE, THOMAS
STREET ADDRESS 7712 WHISPER PLACE
CITY-ST-ZIP ORLANDO, FL 32810 ☒ Change ☐ Addition

TITLE ST
NAME CROWE, KAREN
STREET ADDRESS 7712 WHISPER PLACE
CITY-ST-ZIP ORLANDO, FL 32810 ☐ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

407-216-3067

Date

Daytime Phone #

CR2E034 (10/02)