## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 06, 2002 8:00 am Secretary of State P01000015629 DOCUMENT # 1. Entity Name REPTURE PRODUCTIONS, INC. 05-06-2002 90122 024 \*\*\*150.00 Mailing Address Principal Place of Business 2544 OAK STREET NO 1 2544 OAK STREET NO 1 JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address 2544 Oak 2544 Oa DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 593701847 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIELIG, MELANIE 611 PONTE VEDRA LAKES BLVD NO 3108 PONTE VEDRA FL 32082-1248 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 IOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Defete TITLE ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP acksonville, RL TITLE ☐ Change ☐ Addition TITLE Sandra Ziegler 12429 Cliffe Soullow ct. NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, FL 32225 CITY-ST-ZIP CITY-ST-7IP Change -- - Addition-TITLE-. شنه چنه TITI E به منه NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME NAME

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 to the 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 address with a ther like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP