


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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90719 018 \*\*\*150.00

**DOCUMENT #** PO10000018728

1. Entity Name  
**Fallon Films, Inc.**



**90119233**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>Jacksonville, FL</b>		3. Mailing Address <b>1144 Hamlet Ln. E.</b>		4. FEI Number <b>59-3698948</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State <b>Neptune Beach, FL</b>		City & State <b>Neptune Beach, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>32266</b>	Country	Zip <b>32266</b>	Country <b>USA</b>				

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Thomas C. Fallon

Street Address (P.O. Box Number is Not Acceptable):  
1144 Hamlet Ln E

City: Neptune Beach FL Zip Code: 32266

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: Thomas C. Fallon DATE: 5/1/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	President Thomas C. Fallon 1144 Hamlet Ln. E. Neptune Beach, FL 32266	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Tina Kessler-Fallon 1144 Hamlet Ln. E. Neptune Beach, FL 32266	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C. Fallon DATE: 5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)