

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000026435 1. Entity Name T-TIME PRODUCTIONS, INC.		
Principal Place of Business 529 KENSINGTON LAKE CIRCLE BRANDON, FL 33511		Mailing Address 529 KENSINGTON LAKE CIRCLE BRANDON, FL 33511
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-3708398		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEWIS, FLOYD 529 KENSINGTON LAKE CIRCLE BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ DATE _____ <small>(Signature, Name or printed name of registered agent and title if applicable) (If New Registered Agent Signature Required when electing) (Date)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME LEWIS, FLOYD	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS 529 KENSINGTON LAKE CIRCLE		STREET ADDRESS CITY- ST- ZIP
CITY- ST- ZIP BRANDON, FL 33511		CITY- ST- ZIP
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Floyd Lewis</i>		Date: 7-24-03 (813) Original Phone #: 503-6487

CASE 034 (10/02)