

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90310 047 ***150.00

DOCUMENT # P01000037015

1. Entity Name
FALLING STARS PRODUCTIONS, INC.



Principal Place of Business
**319 B WESTAGAMORE AVENUE
CLEWISTON FL 33440**

Mailing Address
**319 B WESTAGAMORE AVENUE
CLEWISTON FL 33440**

2. Principal Place of Business

316 W. Sugarland Hwy
Suite, Apt. #, etc.

3. Mailing Address

319 West Sagamore Ave
Suite, Apt. #, etc.

City & State

Clewiston FL

City & State

Clewiston FL

Zip **33440**

Country **US**

Zip **33440**

Country **US**

4. FEI Number **65-1101264**

Applic For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, OWEN R
319 B WESTAGAMORE AVENUE
CLEWISTON FL 33440**

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 **Owen Evans**

(NOTE: Registered Agent signature required when reinstating)

4-23-03

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 **D** ☐ Delete
NAME **EVANS, OWEN R**
STREET ADDRESS **319 B WESTAGAMORE AVENUE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.P.** ☐ Change ☒ Addition
NAME **EVANS Cindy A.**
STREET ADDRESS **319 B West Sagamore Ave**
CITY-ST-ZIP **Clewiston FL 33440**

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

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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 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

4-23-03 983-8744

Date Daytime Phone #

CR2E034 (10/02)