

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90125 024 ***150.00

DOCUMENT # P01000067133



1. Entity Name
AR PRODUCTIONS, INC.

Principal Place of Business
**823 W STETSON ST
ORLANDO FL 32804**

Mailing Address
**823 W STETSON ST
ORLANDO FL 32804**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2285 Marsh Hawk Lane

3. Mailing Address
2285 Marsh Hawk Lane

Suite, Apt. #, etc.
APT # 10-106

Suite, Apt. #, etc.
APT # 10-106

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number **59-3728273**

Applied For
 Not Applicable

Zip Country
32003 USA

Zip Country
32003 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENDA, ANTHONY D
823 W STETSON ST
ORLANDO FL 32804**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RENDA, ANTHONY D	
STREET ADDRESS	823 W STETSON ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	V	<input type="checkbox"/> Delete
NAME	RENDA, AMY	
STREET ADDRESS	823 W STETSON ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony D. Renda	
STREET ADDRESS	2285 Marsh Hawk Lane #10-106	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Renda	
STREET ADDRESS	2285 Marsh Hawk Lane #10-106	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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: *Anthony D. Renda* **3/6/03** **904-215-7812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)