

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91208 004 \*\*\*150.00

**DOCUMENT # P01000080364**

1. Entity Name

**CELEBRITY FILMS, INC.**

Principal Place of Business

218 ANNIE ST  
 ORLANDO FL 32806

Mailing Address

218 ANNIE ST  
 ORLANDO FL 32806

2. Principal Place of Business

3974 Southlake Orlando Pkwy  
 Suite, Apt. #, etc.

3. Mailing Address

3974 Southlake Orlando Pkwy  
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3756175

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, IRBY G  
 218 ANNIE ST  
 ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name: Mike McDaniel  
 Street Address (P.O. Box Number is Not Acceptable): 3974 Southlake Orlando Pkwy  
 City: ORLANDO FL Zip Code: 32808

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

Mike McDaniel

Mike McDaniel

4/26/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BUNKOWSKIE, JOEL W	
STREET ADDRESS	7008 POPLAR CREEK TRACE	
CITY-ST-ZIP	NASHVILLE TN 37221	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MCDANIEL, MICHAEL W	
STREET ADDRESS	3713-2 SOUTHLAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUGH, IRBY G	
STREET ADDRESS	218 ANNIE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PERZAN, JOSEPH C	
STREET ADDRESS	260 MAITLAND AVE, STE 1500	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDGES, WARREN	
STREET ADDRESS	1715 FREDRICA DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPANN, JAY	
STREET ADDRESS	215 DALTON DRIVE STE D	
CITY-ST-ZIP	DESOTO, TX 75115	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, MICHAEL W	
STREET ADDRESS	3974 SOUTHLAKE ORLANDO PKWY	
CITY-ST-ZIP	ORLANDO, FL 32808	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAY SPANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

972-230-9155

Daytime Phone #

CR2E034 (9/01)