


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91802 015 ***150.00

DOCUMENT # P01000093883	
1. Entity Name CC EVENT PRODUCTIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4800 US 301 North Suite, Apt. #, etc. Tampa, FL. 33619 City & State		3. Mailing Address 4800 US 301 North Suite, Apt. #, etc. Tampa, FL., 33619 City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2234567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Monica Z. Lawson	
	Street Address (P.O. Box Number is Not Acceptable) 2403 State St.	
	City Tampa, FL. 33609	Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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 PD NAME Cox-HICKEY, TERESA STREET ADDRESS 4800 US 301 North CITY-ST-ZIP TAMPA, FL. 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE VD NAME COX, CHARLES G. STREET ADDRESS 4800 US 301 North CITY-ST-ZIP TAMPA, FL. 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE STD NAME COX, PATRICIA A. STREET ADDRESS 4800 US 301 North CITY-ST-ZIP TAMPA, FL. 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Cox-Hickey* **4/29/2003** **813-621-7121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #