

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90697 010 \*\*\*150.00

**DOCUMENT # P01000110394**

1. Entity Name  
**PINWHEEL PRODUCTIONS, INC.**



Principal Place of Business

621 E 8TH AVE  
MT DORA FL 32757

Mailing Address

621 E 8TH AVE  
MT DORA FL 32757

2. Principal Place of Business

1595 Triangle Drive  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 231  
Suite, Apt. #, etc.

City & State

MT Dora Florida

City & State

MT Dora Florida

Zip

32757

Country

Lake

Zip

32756

Country

Lake

6. Name and Address of Current Registered Agent

CANNIFF, CHARLES R  
621 E 8TH AVE  
MT DORA FL 32757

7. Name and Address of New Registered Agent

Name: Canniff, Charles R.  
Street Address (P.O. Box Number is Not Acceptable):  
1595 Triangle Drive  
City: MT Dora **FL** Zip Code: 32757

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

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

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	CANNIFF, CHARLES R	
STREET ADDRESS	621 E 8TH AVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNIS, DANIEL A	
STREET ADDRESS	621 E 8TH AVE	
CITY-ST-ZIP	MT DORA FL 32757	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Canniff R	
STREET ADDRESS	1595 Triangle Drive	
CITY-ST-ZIP	MT Dora, FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis, Daniel A	
STREET ADDRESS	1595 Triangle Dr	
CITY-ST-ZIP	MT Dora, FL 32757	
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:** [Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

352-267-6600

Date

Daytime Phone #

CR2E034 (10/02)