

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90360 018 ***158.75

DOCUMENT # P01000115845
1. Entity Name
HOPE ANIMATION PRODUCTIONS, INCORPORATED

Principal Place of Business **Mailing Address**
3111 SW 10 ST **3111 SW 10 ST**
POMPANO BEACH FL 33069-9902 **POMPANO BEACH FL 33069-9902**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
45-0475256 **Not Applicable**

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

6. Name and Address of Current Registered Agent

BROUSSARD, ARNOLD A
3111 SW 10 ST
POMPANO BEACH FL 33069-9902

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.

SIGNATURE _____
 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	D	<input type="checkbox"/> Delete
NAME	HOSKIN, BOB	
STREET ADDRESS	3111 SW 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069-9902	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOSKIN, ROB	
STREET ADDRESS	3111 SW 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069-9902	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUSSARD, ARNOLD A	
STREET ADDRESS	3111 SW 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069-9902	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDLEY, MICHAEL	
STREET ADDRESS	3111 SW 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069-9902	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOSKINS, GEORGE	
STREET ADDRESS	3111 SW 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069-9902	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERKEY, DALE	
STREET ADDRESS	3111 SW 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069-9902	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arnold A. Broussard* **ARNOLD A. BROUSSARD** **4/31/2002** **975-7777**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)