6/1

FILED
Aug 13, 2002 8:00 am
Secretary of State
06-13-2002 90383 037 ***150.00
08-13-2002 90227 023 ***400.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117144

1. Entity Name
SJT PRODUCTIONS, INC.

[redacted]

Principal Place of Business	Mailing Address
3324 SAN DOMINGO STREET CLEARWATER FL 33759	3324 SAN DOMINGO STREET CLEARWATER FL 33759

[redacted]

DO NOT WRITE IN THIS SPACE

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 01-0553203 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRIGGS, SPENCER
3324 SAN DOMINGO STREET
CLEARWATER FL 33759

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] 6/5/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARTER, JEFFREY D 2204 VILLAGE PARK ROAD, #103 PLANT CITY FL 33566	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STROUD, RAMON A III 18910 ROGERS ROAD ODESSA FL 33556	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD BRIGGS, SPENCER G 3324 SAN DOMINGO STREET CLEARWATER FL 33759	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: SIGNATURE REQUIRED 6/5/02 727 724 9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #