## OTCHINI AV

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011412

1. Entity Name

PAYBACK PRODUCTIONS, INC.



## FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90278 024 \*\*\*150.00

PATRACE	K PRODUCTIONS, INC.			<b>/</b>		
Principal Place of Business 6812 LIMPKIN DRIVE ORLANDO FL 32810		Mailing Address 6812 LIMPKIN DRIVE ORLANDO FL 32810				
2. Principal F	Place of Business	3. Mailing Address				(
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	KING CHANGES	3
City & State		City & State		4. FEI Number		pplied For lot Applicable
Zip	Country	Zip	Country	- 5 Certificate of Status Desired	\$8.75 Ac	ditional
	6. Name and Address of Curren	at Registered Agent		7. Name and Address of New Registe	Fee Require	ed
	6. Name and Address of Curren	it Hegistered Agent	Name	7. Name and Address of New Registr	ered Agerii	
WALTERS	S, KRISTOPHER		0	(00.000)	,	
6812 LIMPKIN DRIVE			Street Address	s (P.O. Box Number is Not Acceptable)		
ORLANDO	O FL 32810					
			City		FL Zip Coo	de
8. The above	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or regist	ered agent, or both, in the State of Florida.		, and accept
Ū	Ç S		-			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (Ne	OTE: Registered Agent signature requir	red when reinstating)	DATE	
			<del></del>			
FILE NOW!!! FEE IS \$150.00  After Cay 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financin		00 May Be
Make Check	k Payable to Florida Department	of State		Trust Fund Contribution.	Adde	d to Fees
Make Checi	k Payable to Florida Department OFFICERS ANI	of State	11.	Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS		d to Fees
Make Checi 10. IIILE	k Payable to Florida Department OFFICERS ANI	of State	TITLE			d to Fees
Make Check 10. TITLE NAME	OFFICERS AND PD WALTERS, KRISTOPHER	of State D DIRECTORS	TITLE NAME		S AND DIRECTOR	d to Fees
Make Checi 10. IIILE	k Payable to Florida Department OFFICERS ANI	of State D DIRECTORS	TITLE		S AND DIRECTOR	d to Fees
Make Check 10. TITLE NAME STREET ADDRESS	OFFICERS AND PD WALTERS, KRISTOPHER 6812 LIMPKIN DRIVE	of State D DIRECTORS	TITLE NAME STREET ADDRESS		S AND DIRECTOR	d to Fees
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EKRISTOPHER A. WALTERS 4/15/03 (40-7)383-367

32E034 (10/02)