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

DOCUMENT # P02000025081



5/5/

## **FILED** Jun 02, 2003 8:00 am Secretary of State 05-05-2003 90702 013 \*\*\*150.00

THE WRITE SIDE OF ME PRODUCTIONS, INC.													
Principal Place 1020 NW 23 GAINESVILLE	AVE STE B	s	1020	Mailing Address 1020 NW 23 AVE STE B GAINESVILLE FL 32609			]    -	1 <b>33</b> 11 <b>53</b> 4 (51 <b>25</b> 71 <b>3</b> )	1 <b>2</b> 31 <b>8 8</b> 1111 <b>8 2</b> 1111	1100 1201 1	1831 81111 <b>8</b> 1	14 <b>0</b> 1 208 <b>0</b> 1 1401 1408	ł
2. Principal F	Place of Busin	ness	3. Ma	iling Address	<del></del>								
Suite, Apl. #, etc.			Suite, Apt. #, etc.				☐ CHEC	K HERE IF	MAKING	CHANGE	S ,		
City & State			City & State				4. FEI NU	4. FEI Number 01-0640243				Applied For Not Applicable	
Zip	_	Country	Zip		Cour	ntry		cate of Status (			8.75 A		
	6: Name	and Address of Currer	nt Register	ed Agent			7. Name	and Address	of New Re	sistered A	gent		$\Box$
ب ب مدد						Name	 روعودورد		عب عب س				1
MCLEOD,	, Barry S		•			Street Address (	PO Boy No	mher is Not Ar	rentable\				$\dashv$
1020 NW	23 AVE ST	ЕB				Sireet Address (	DUX HUI		vehianie)				- 1
GAINESV	TLLE FL 326	09											ヿ
ı I		•				City	<del></del>				Zip Co		$\dashv$
					_	City				FL	Zip Cc	ue	1
		submits this statement	for the purp	ose of changing its	registere	ed office or register	ed agent, or	r both, in the St	ate of Florid	da. I am fa	miliar with	n, and accept	
the obligat	tions of regist	ered agent.			•								- 1
SIGNATURE .								_					
uluşu (lor)z	Signature, typed	or printed milime of registered ager	nt and title if app	dicable. (NOT	E: Registere	d Agent signature required	when reinstating	1)		DATE		<del></del>	ľ
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department (				· .	9.	Election Cam Trust Fund Co		ncing		00 May Be ad to Fees	
After	r May 1, 200	3 Fee will be \$550.00	of State	RS	111.	-		Trust Fund Co	ontribution,		Add	ed to Fees	
Make Chec)	r May 1, 200	3 Fee will be \$550.00 Florida Department	of State	RS Defete	11.	Ε			ontribution,	ERS AND [	Add	ed to Fees	02)
Make Chec)	r May 1, 200 k Payable to D MCLEOD,	G Fee will be \$550.00 Florida Department OFFICERS AND BARRY S	of State					Trust Fund Co	ontribution,	ERS AND [	Add	ed to Fees	10/02)
After Make Chec)	D MCLEOD,	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State		TITLE			Trust Fund Co	ontribution,	ERS AND [	Add	ed to Fees	34 (10/02)
Make Check  10.  TITLE  NAME	D MCLEOD,	G Fee will be \$550.00 Florida Department OFFICERS AND BARRY S	of State		TITLE NAMI STRE	E .		Trust Fund Co	ontribution,	ERS AND [	Add	ed to Fees	E034 (10/02)
Make Chec)  10.  TITLE NAME STREET ADDRESS	D MCLEOD,	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State		TITLE NAMI STRE	E ET ADDRESS : ST-21P		Trust Fund Co	ontribution,	ERS AND [	Add	ed to Fees  RS IN 11  Addition	71 3R2E034 (10/02)
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	☐ Delete	TITLE HAMI STRE CITY:	E ET ADDRESS :SI-ZIP		Trust Fund Co	ontribution,	ERS AND [	Addi	ed to Fees  RS IN 11  Addition	CR2E034 (10/02)
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCLEOD,	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	☐ Delete	TITLE NAMI STRE CITY: TITLE NAMI	E ADDRESS : S1-ZIP E E E E E T ADDRESS		Trust Fund Co	ontribution,	ERS AND [	Addi	ed to Fees  RS IN 11  Addition	2E034 (10/
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	☐ Delete	TITLE NAMI STRE CITY: TITLE NAMI	E ADDRESS :: SI-ZIP E		Trust Fund Co	ontribution,	ERS AND [	Addi	ed to Fees  RS IN 11  Addition	CR2E034 (10/02)
After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	☐ Delete	TITLE NAMI STRE CITY: TITLE NAMI	EET ADDRESS - SI-ZIP E E ET ADDRESS -ST-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11  Addition	
After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	☐ Delete	TITLE NAMI STRE CITY: TITLE NAMI STRE CITY- TITLE NAME NAME NAME	E E E E E E E E E E E E E E E E E E E		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11 Addition	
After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	☐ Delete	TITLE HAMM STRE CITY: TITLE HAMM STRE CITY: TITLE NAME STRE	E ET ADDRESS -ST-ZIP E E -ST-ZIP E E -ST-ZIP E E -ST-ZIP E E -ST-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11 Addition	
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete	TITLE HAMM STRE CITY: TITLE HAMM STREI CITY- TITLE CITY- TITLE CITY- TITLE CITY-	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11  Addition  Addition	1 1
After Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	☐ Delete	TITLE NAMI STRE CITY: TITLE NAMI STRE CITY- TITLE NAME CITY- TITLE TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS -SI-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11 Addition	1 1
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11  Addition  Addition	1 1
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11  Addition  Addition	1 1
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete Delete	TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E E E ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi DIRECTO Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition	
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete	TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		Trust Fund Co	ontribution,	ERS AND I	Addi	ed to Fees  RS IN 11  Addition  Addition	
After Make Check  10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME NAME	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete Delete	TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME NAME NAME NAME NAME NAME NAME NAM	E ET ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi DIRECTO Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition	
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE STREE	E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E		Trust Fund Co	ontribution,	ERS AND I	Addi DIRECTO Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition	
After Make Chech  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- CITY- CITY- CITY- CITY- CITY- CITY- CITY-	E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi DIRECTO Change Change Change Change	Addition  Addition  Addition	
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete Delete	TITLE NAME STREE CITY: TITLE NAME STREE CITY: TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS  ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi DIRECTO Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition	
After Make Chech  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME NAME NAME NAME	E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi DIRECTO Change Change Change Change	Addition  Addition  Addition	
After Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P May 1, 2000 k Payable to D MCLEOD, 1020 NW GAINESVII	3 Fee will be \$550.00 Florida Department OFFICERS AND BARRY S 23 AVE STE B	of State	Delete Delete Delete Delete	TITLE NAME STREE CITY-	E ET ADDRESS  ST-ZIP  E E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP		Trust Fund Co	ontribution,	ERS AND I	Addi DIRECTO Change Change Change Change	Addition  Addition  Addition	