


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90721 037 ***150.00

05/02/2003 08:00 AM

DOCUMENT # P02000027778	
1. Entity Name SYCAMORE FILMS, INC.	

Principal Place of Business 1610 NORTHGATE BLVD SARASOTA FL 34234	Mailing Address 1610 NORTHGATE BLVD SARASOTA FL 34234
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2. Principal Place of Business	3. Mailing Address 8186 SHADDOX PINE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA FL	City & State SARASOTA FL
Zip 34238	Country SARASOTA

4. FEI Number 01-0641231	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CASWELL, CHRIS 2364 FRUITVILLE RD SARASOTA FL 34237

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
D TESTA, LINA MASSONE 1610 NORTHGATE BLVD SARASOTA FL 34234	<input type="checkbox"/> Delete
D SHARPE, DOUGLAS 1610 NORTHGATE BLVD SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
MASONE TESTA LINA 1610 NORTHGATE BLVD SARASOTA, FL 34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/30/03 Daytime Phone #
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CR2E034 (10/02)