

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90745 019 ***150.00

DOCUMENT # P02000058912

1. Entity Name
JONESING PICTURES, INC.



Principal Place of Business
**4502 JOUSTER COURT APT 306
ORLANDO FL 32817**

Mailing Address
**4502 JOUSTER COURT APT 306
ORLANDO FL 32817**

2. Principal Place of Business
1133 Chambard Court

3. Mailing Address
1133 Chambard Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32825 Country
USA

Zip
32825 Country
USA

4. FEI Number
03-0473263

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FULLER, CHRIS
4502 JOUSTER COURT APT 306
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name
Fuller, Chris
Street Address (P.O. Box Number is Not Acceptable)
1133 Chambard Court
City
Orlando **FL** Zip Code
32825

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 **[Signature]** DATE **3/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FULLER, CHRIS
4502 JOUSTER COURT APT 306
ORLANDO FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CRAFT, FRANK
4502 JOUSTER COURT APT 306
ORLANDO FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
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☐ Change ☐ 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 727-709-4857
Date Daytime Phone #

CR2E034 (10/02)