


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

09-18-2003 90029 042 \*\*\*150.00

DOCUMENT # P02000067136 (L)

1. Entity Name  
Sciota Productions Inc ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>601 Maple Forest Dr.</u> Suite, Apt. #, etc.	3. Mailing Address <u>601 Maple Forest Drive</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Orlando FL</u>	City & State <u>Orlando FL</u>	4. FEI Number <u>45-0420545</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32825</u>	Country <u>Orange</u>	Zip <u>32825</u>	Country <u>Orange</u>
		5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Terrance Hayes

Street Address (P.O. Box Number is Not Acceptable)  
601 Maple Forest Dr.

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

*Terrance Hayes*  
Signature, typed or printed name of registered agent acceptable if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

9/16/03

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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	<u>President</u> <u>Terrance Hayes</u> <u>601 Maple Forest Dr. Orlando FL 32825</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Terrance Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/03 407 384-9402

CR2E034B (12/02)

**Sciota Productions Inc.**

601 Maple Forest Dr.  
Orlando FL 32825

ATTACHMENT  
# P02000067136  
80148958

September 16, 2003

UBR  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am writing to inform you I had not received the UBR report in the mail to file in January. When I contacted the website, I was informed the last day to file was Sept. 10. Enclosed you will find the UBR fee along with the completed report.

Sincerely,

Terrance Hayes  
Producer