

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

0019288  
AV

**DOCUMENT # P02000075669**

1. Entity Name  
**TWOCHIX PRODUCTIONS, INC.**



08-29-2003 90094 006 \*\*\*150.00

Principal Place of Business  
**80 ROYAL PALM POINTE  
SITE 402  
VERO BCH FL 32960**

Mailing Address  
**80 ROYAL PALM POINTE  
SITE 402  
VERO BCH FL 32960**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEI Number

**01-0742017**

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

**BROWN, RICHARD L ESQ.  
545 BEACHLAND BLVD.  
VERO BCH FL 32963**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **KNIGHT, CHRISTIE**  
STREET ADDRESS **550 HOLLY RD.**  
CITY-ST-ZIP **VERO BCH FL 32963**

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

TITLE **SD** ☐ Delete  
NAME **MURPHY-GAURARD, ANGIE**  
STREET ADDRESS **1755 20TH AVE.**  
CITY-ST-ZIP **VERO BCH FL 32960**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTINE KNIGHT 8.27.03 (712) 234-3932**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #  
80142145  
PO2000075669  
**STYLE X**

**WHAT'S HIP, NEW & NOW!**

August 27, 2003

To Whom It May Concern:

We are in receipt of a second notice of payment for uniform business report for 2003. We regret to inform you that we had not received the 1<sup>st</sup> notice. We do know if it was lost in the mail or another business could have accidentally received it. We have a suite in an office of 4 other businesses and have had problems in the past with our mail. Enclosed please find the original \$150 filing fee and we request that you waive the penalty. Should you have any questions or problems please give me a call.

Sincerely,



Christi Knight, President  
twochix productions, Inc.