


FILED
Jun 02, 2005 8:00 am
Secretary of State

05-04-2005 90204 001 ***900.00

1. Entity Name CHAMPION ONE PRODUCTIONS, INC.			
Principal Place of Business 36181 EAST LAKE ROAD SUITE 185 PALM HARBOR, FL 34685		Mailing Address 36181 EAST LAKE ROAD SUITE 185 PALM HARBOR, FL 34685	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number APPLIED FOR 16-1628010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75		6. Name and Address of Current Registered Agent BARBOSA, GARY 36181 EAST LAKE ROAD SUITE 185 PALM HARBOR, FL 34685	
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: <u>GARY BARBOSA</u> 4/28/15 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00		10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P BARBOSA, GARY J 36181 EAST LAKE ROAD, SUITE 185 PALM HARBOR, FL 34685 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 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 CITY-ST-ZIP TITLE 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: <u>GARY J. BARBOSA</u> 4/28/15 207-781-2078 <small>Signature typed or printed name of signing officer or director. Date Daytime Phone #</small>	