

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90012 046 ***550.00

0606398 AV

DOCUMENT # P02000098838

1. Entity Name
GRIP ON DAILY PRODUCTIONS, INC.



Principal Place of Business
3958 OAK HAMMOCK LANE
FORT PIERCE FL 34981

Mailing Address
3958 OAK HAMMOCK LANE
FORT PIERCE FL 34981



2. Principal Place of Business
805 VIRGINIA AVE
Suite, Apt. #, etc.
Suite 25

3. Mailing Address
PO Box 12244
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FT PIERCE FL

City & State
FT PIERCE FL 34979

4. FEI Number
74 3072427

Applied For
Not Applicable

Zip
34982

Country
USA

Zip
34979

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPKINS, BOBBY
3958 OAK HAMMOCK LANE
FORT PIERCE FL 34979

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

(NOTE: Registered Agent signature required when reinstating)

6-5-03
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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT BOBBY HOPKINS 805 VIRGINIA AVE FT PIERCE FL 34982</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY BOBBY HOPKINS 805 VIRGINIA AVE FT PIERCE FL 34982</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Bobby Hopkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-03 472 466 4707
Date Daytime Phone #

CR2E034 (10/02)