


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000103905

1. Entity Name
BROKEN FINGER PRODUCTIONS, INC.



FILED
03 JUL 21 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**116-B S ORANGE AVE
ORLANDO FL 32801**

Mailing Address
**116-B S ORANGE AVE
ORLANDO FL 32801**

2. Principal Place of Business
116 S. Orange Ave

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32801

Country



02/13/03 90268 036 1540

CHECK HERE IF MAKING CHANGES

4. FEI Number
56-2293963

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DONNA L. DRAVES, P.A.
120 E CONCORD ST
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name ~~Draves & Beame, P.A.~~

Street Address (P.O. Box Number is Not Acceptable)
120 E. Concord St.

City **Orlando** FL Zip Code **32801**

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 David I. Beame David I. Beame, Partner 7/1/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, RICHARD 116-B S ORANGE AVE ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, SEAN 116-B S ORANGE AVE ORLANDO FL 32801	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Wheeler, Richard 116 S. Orange Ave. Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP Perry, Sean 116 S. Orange Ave. Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Sean Perry 07/01/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

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DRAVES & BEAME, P.A.

ATTORNEYS AT LAW

120 EAST CONCORD STREET

ORLANDO, FLORIDA 32801

TELEPHONE: (407) 423-1183 • FAX: (407) 841-6746

DONNA L. DRAVES
DAVID I. BEAME

DLDraves@aol.com
DBeame@aol.com

July 17, 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314
Attn.: Tyrone Scott

Re: Uniform Business Report 2003

Dear Mr. Scott:

We represent Broken Finger Productions, Inc. After speaking with you on the telephone this morning, you informed me to write you a letter detailing the circumstances regarding the UBR for Broken Finger Productions, Inc. Our clients sent in the original UBR in February along with their check for \$150.00. Your office promptly deposited that check for \$150.00. Our clients failed to sign the original UBR and your office sent a second UBR to our clients along with a letter telling them to sign and return the UBR. Our clients promptly returned the signed UBR to your office within 10 days of receiving your letter. Please note that this occurred prior to the May 1st deadline. During our conversation today, you informed me that your office did not receive the signed UBR which was sent well within the 30-day period. That signed UBR must have been lost in the mail or by your office. Following, your office sent our client another UBR and asked them to sign it and return it with an additional late fee of \$400.00. Our office resent you a signed UBR which was returned to our clients with a request for \$400.00.

Enclosed please find the signed UBR. We kindly request that the late fee be waived since our clients provided the appropriate payment in February and sent a signed UBR prior to the deadline.

Your attention and consideration to this matter is greatly appreciated.

Very truly yours,

David I. Beame, Esq.

cc: Broken Finger Productions, Inc.