

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90146 008 ***150.00

DOCUMENT # P02000115879

1. Entity Name
JAKK & DG PRODUCTIONS, INC.



Principal Place of Business
6306 PEMBROKE ROAD
MIRAMAR FL 33023

Mailing Address
6306 PEMBROKE ROAD
MIRAMAR FL 33023



2. Principal Place of Business

6306 PEMBROKE ROAD
Suite, Apt. #, etc.

3. Mailing Address

6306 PEMBROKE ROAD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR FL.

City & State
MIRAMAR FL.

4. FEI Number **16-1638815**

Applied For
Not Applicable

Zip **33023** **Country** **BROWARD**

Zip **33023** **Country** **BROWARD**

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

6. Name and Address of Current Registered Agent

MAIR, JEAN-FRANCOIS & ASSOCIATES, P.A.
3500 N. STATE RD 7
STE 479
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name **DONALD GORDON**
Street Address (P.O. Box Number is Not Acceptable)
7611 NORWINDA COURT
City **MARGATE** **FL** **Zip Code** **33067**

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 **DONALD GORDON PRESIDENT** **4-7-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DONALD GORDON	
STREET ADDRESS	6306 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	CLINTON CHAPKE	
STREET ADDRESS	6306 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4-7-03- 954-322-9525

CR2E034 (10/02)