

2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P05000088074

1. Entity Name

ARMAGEDDON PRODUCTIONS, INC.

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90298 008 ***150.00

Principal Place of Business
466 LOCK RD. #171
DEERFIELD BEACH FL 33442

Mailing Address
466 LOCK RD. #171
DEERFIELD BEACH FL 33442

50011569

2. Principal Place of Business
730 LOCK RD.
Suite, Apt #, etc.
STE # 83

3. Mailing Address
730 LOCK RD.
Suite, Apt. #, etc.
STE # 83

DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number
20-3026558

Applied For
Not Applicable

Zip
33442

Country
USA

Zip
33442

Country
USA

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

6. Name and Address of Current Registered Agent
LINCOLN DARTAGNAN FERES
466 LOCK RD. #171
DEERFIELD BEACH FL 33442

7. Name and Address of Now Registered Agent
Name
LINCOLN DARTAGNAN FERES
Street Address (P O Box Number is Not Acceptable)
730 LOCK RD. # 83
City
DEERFIELD BEACH FL Zip Code
33442

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.

SIGNATURE  03/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LINCOLN DARTAGNAN FERES 466 LOCK RD. #171 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1 730 LOCK RD. # 83 DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I Herby 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  03/28/06 (561) 305-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #