

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90077 018 \*\*\*150.00

<b>DOCUMENT #</b> <u>POV000007602</u>	
<b>1. Entity Name</b>	
SIMPLY COMPLEX PRODUCTIONS INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 8880 OLD KINGS ROAD SOUTH 135W Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b>	
<b>Zip</b> 32257	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>

40105141

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-4107247		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

**7. Name and Address of Current 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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <b>MIGUEL A ALMEIDA JR</b> <b>8880 OLD KINGS RD S 135W</b> <b>JACKSONVILLE FL 32257</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE



MIGUEL A ALMEIDA JR PRESIDENT

4/25/2007

Date

(904) 923-8230

Daytime Phone #