2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P28716** Feb 01, 2000 8:00 am 1. Entity Name **Secretary of State** COURTER FILMS & ASSOCIATES INC. 02-01-2000 90016 017 ***150.00 Mailing Address Principal Place of Business 121 NW CRYSTAL ST. 121 NW CRYSTAL ST. CRYSTAL RIVER FL 34428-3417 CRYSTAL RIVER FL 34428 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1948875 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COURTER, PHILIP Street Address (P.O. Box Number is Not Acceptable) 121 NW CRYSTAL ST. CRYSTAL RIVER FL 32629 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. XX PT PT Change TITLE ☐ Defete TITLE ☐ Addition COURTER PHILIP 121 NW CRYSTAL ST CRYSTAL RIVER FL 34428 VS COURTER, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 121 NW CRYSTAL ST. CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 24 マミ TITLE ☐ Delete COURTER GAY 121 NW CRYSTAL ST CRYSTAL RIVER FL 34428 COURTER, GAY NAME NAME 121 NW CRYSTAL ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CRYSTAL RIVER FL - 🗕 🖸 Delete TITLE TITLE --- - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/20/00 352-795-2156

Daytime Phone #