

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90474 018 ***150.00

DOCUMENT # P93000025040
1. Entity Name
AMERICAN COUNTRY PRODUCTIONS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
430 READING RD
Suite, Apt. #, etc.

3. Mailing Address
5035 FLORENCE ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MASON OH

City & State
DAKWOOD GA

Zip
45040 Country
WARREN

Zip
30566 Country
HALL

4. FEI Number
65-0406556

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HALL HILL

Street Address (P.O. Box Number is Not Acceptable)
3044 JOE JOHNS RD

City MIDDLEBURG FL Zip Code 32068

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

*** January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D AUSTIN GRANT 5035 FLORENCE ST DAKWOOD GA 30566</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 5-13-02 Daytime Phone # (770) 539-9474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)