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

FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90211 008 ***150.00 DOCUMENT # P 930000 25040

AMERICAN	FRICAN COUNTRY PRODUCTIONS INC								
DO NOT WRITE IN THIS SPACE						anna08a3			
2. Principal Place of	Business FLORENCE ST	3. Mailing Address	all the state of t				•		
Suite, Apt. #, etc.	CORENCE 31	Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS SPA	CE	
City & State 8 AKW	D GA	City & State	City & State			o 40655	6	Applied For Not Applicable	
30566	Country Zip		Country		5. Certificate of Status Desired See Required Fee Required				
and the second s					. Name and Address of Current Registered Agent				
	BONISTI	DITE T		Name //Ac	- HIL	-	•	· .	
	DO NOT W	A CONTRACTOR MACRO		Street Address (F	P.O. Box Num	ber is Not Acceptab	le)		
IN THIS SPACE				30112	To	= JoHNS	- R		
				984777	-0.0	<u> </u>		Zip Code	
8. The above named	entity submits this statement for	or the purpose of changing its	s registered	office or registere	ed agent, or b	ooth, in the State of F			
the obligations of r			J	•	•				
SIGNATURE									
Signature	typed or printed name of registered agent - May 1 Fee is \$150.00	and title if applicable. (NOT	TE: Registered A	gent signature required	when reinstating)		DATE		
After II Amer	May 1, Fee is \$550.00 Inded UBR is \$61.25 He to Florida Department of				I .	Election Campaign Fi Trust Fund Contribution	~ ~	\$5.00 May Be Added to Fees	
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12. I hereby certify the	at the information supplied with	this filing does not qualify fo	or the exemp	tion stated in Sec	tion 119.07(3	B)(i), Florida Statutes	. I further certify t	hat 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

1. Entity Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR