


**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 93000025040*

1. Entity Name
AMERICAN COUNTRY PRODUCTIONS INC



30030893

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5035 FLORENCE ST

3. Mailing Address
Suite, Apt. #, etc.

City & State
DAKWOOD GA

City & State

Zip
30566

Country
HALL

4. FEI Number
65-0406556

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
HALL - HILL

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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			
TITLE	<i>D</i>	TITLE	
NAME	<i>AUSTIN GRANT</i>	NAME	
STREET ADDRESS	<i>5035 FLORENCE ST</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>DAKWOOD GA 30566</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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 *[Signature]* DATE *4-14-03* DAYTIME PHONE # *(770) 539-9474*

CR2E034B (12/02)