

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90042 034 ***150.00

DOCUMENT # P93000047337

1. Entity Name

JAGO PRODUCTIONS, INC.

600367



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12840 MEADOWBREEZE DRIVE WELLINGTON FL 33414	Mailing Address 12840 MEADOWBREEZE DRIVE WELLINGTON FL 33414-2074
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2. Principal Place of Business <u>6019 Via Venetia S.</u>	3. Mailing Address <u>6019 Via Venetia S.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Delray Beach FL</u>	City & State <u>Delray Beach FL</u>
Zip <u>33484</u>	Zip <u>33484</u>
Country <u>FL</u>	Country

4. FEI Number 65-0424962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JODY A. GORRAN 12840 MEADOWBREEZE DRIVE WELLINGTON FL 33414

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>6019 Via Venetia S.</u> City <u>Delray Beach FL</u> <u>FL</u> Zip Code <u>33484</u>
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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 <u>Jody A. Gorran</u> DATE <u>1/8/00</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GORRAN, JODY A 12840 MEADOWBREEZE DRIVE WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>6019 Via Venetia South</u> <u>Delray Beach FL 33484</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 duly empowered.

SIGNATURE: <u>Jody A. Gorran</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/8/00</u> <small>Date</small>	Daytime Phone # <u>561 312-2870</u> <small>Daytime Phone #</small>
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