2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am Secretary of State DOCUMENT # P93000051545 1. Entity Name 02-25-2002 90021 030 ***150.00 CARROLL PRODUCTIONS, INC. Principal Place of Business Mailing Address 5937 ROEBUCK RD 5937 ROEBUCK RD JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0424486 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent oan Carol CARROLL, DEREK Street Address (P.O. Box Number is Not Acceptable) 2311 DEVONSHIRE WAY PALM BEACH GARDENS FL 33418 2311 Devonshire Was Zip Code **33**4(名 m Beach Gordens 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 2-12-02 SIGNATIJRE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Change 🛣 Delete CARROLL, DEREK NAME STREET ADDRESS 2311 DEVONSHIRE WAY STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP President ☐ Addition ☐ Delete TITLE 🗹 Change TITLE VD NAME NAME CARROLL, JOAN STREET ADDRESS STREET ADDRESS 2311 DEVONSHIRE WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME van Gorden, Kathleen STREET ADDRESS STREET ADDRESS 120 COCO LN CITY-ST-ZIE CITY-ST-ZIP Jupiter Fl ☐ Change Addition TITLE STD ☐ Delete TITLE NAME SUDELL, MARY J NAME STREET ADDRESS 17919 112TH DR N STREET ADDRESS CITY-ST-7IP CITY-ST-7IF Jupiter FL ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF □ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

212-02 *5*61-746-288

FILED

Date

Daytime Phone #