2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 29, 2000 8:00 am DOCUMENT # **P93000063557** 1. Entity Name **Secretary of State** GAFFNEY PRODUCTIONS, INC. 03-29-2000 90044 048 ***150.00 Principal Place of Business Mailing Address PO BOX 740103 6920 DAWNTREE CT LAKE WORTH FL 33467 BOYNTON BEACH FL 33474-0103 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0440020 Not Applicable ~Zio~~ \$8.75 Additional -Zip ---~€ountry 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAFFNEY, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 6920 DAWNTREE CT SUITE A LAKE WORTH FL 33467 City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00. Tax filing requirement and elects to do so. Trüst Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE GAFFNEY, ROBERT D NAME NAME 6920 DAWNTREE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Addition □ Delete TITLE ☐ Change TITLE GAFFNEY, SUSAN G NAME NAME 6920 DAWNTREE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY_ST_ZIP_ LAKE-WORTH FL-☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change . ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 districted 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 allowers.

FILED