

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90306 021 ***150.00

DOCUMENT # P94000007962

1. Entity Name
BGM PRODUCTIONS, INC.



Principal Place of Business

~~9251 NW 63RD ST~~
~~OCALA FL 34482~~

Mailing Address

~~9251 NW 63RD ST~~
~~OCALA FL 34482~~

2. Principal Place of Business

6025 NW 115th AVE
Suite, Apt. #, etc.

3. Mailing Address

6025 NW 115th AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
OCALA FLORIDA

Zip
34482

Country
USA

City & State
OCALA FLORIDA

Zip
34482

Country
USA

4. FEI Number
59-3217767

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORIARTY, BRUCE

~~9251 NW 63RD ST~~
~~OCALA FL 34482~~

7. Name and Address of New Registered Agent

Name

6025 NW 115th AVE

City
OCALA

FL

34482

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORIARTY, BRUCE
9251 NW 63RD ST
OCALA FL 34482 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6025 NW 115th AVE
OCALA FL 34482 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE MORIARTY **01/05/03** **(352) 867-1180**
Date Daytime Phone #

CR2E034 (10/02)