

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91190 011 ***150.00

DOCUMENT # P04000012388 ✓
1. Entity Name
K & K PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>480 NORTH ORLANDO AVE</u> Suite, Apt. #, etc. <u>#132</u> City & State <u>WINTER PARK FL</u> Zip <u>32789</u> Country <u>USA</u>		3. Mailing Address <u>480 NORTH ORLANDO AVE</u> Suite, Apt. #, etc. <u>#132</u> City & State <u>WINTER PARK FL</u> Zip <u>32789</u> Country <u>USA</u>	
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4. FEI Number
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name JAMES E PARKER
Street Address (P.O. Box Number is Not Acceptable)
~~480 NORTH ORLANDO AVE~~
3812 GLENFORD DR
City CLEMENT FL Zip Code 34711

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 JAMES E. PARKER SECRETARY 4-22-02
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME President
Kevin Keenan
STREET ADDRESS
324 Broadview Ave
CITY-ST-ZIP Altamonte Springs FL 32701

TITLE
NAME Vice President
Shawn Knapp
STREET ADDRESS
1476 Chessington Circle
CITY-ST-ZIP Heathrow FL 32746

TITLE
NAME Secretary
JAMES E. PARKER
STREET ADDRESS
3812 Glenford Dr
CITY-ST-ZIP Clement FL 34711

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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 352-242-9066
Date Daytime Phone #

CR2E034B (12/01)