

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 11, 2001 08:00 AM****Secretary of State****DOCUMENT # P94000012558**1. Entity Name  
G5 PRODUCTIONS, INC.**Principal Place of Business**8000 WEST DRIVE  
APT 325  
NORTH BAY VILLAGE  
33141

FL

**Mailing Address**8000 WEST DRIVE  
APT 325  
NORTH BAY VILLAGE  
33141

FL

**2. Principal Place of Business**  
1611 MICHIGAN**3. Mailing Address**  
1611 MICHIGANSuite, Apt. #, etc.  
APT 12ASuite, Apt. #, etc.  
APT 12ACity & State  
MIAMI BEACH

FL

City & State  
MIAMI BEACH

FL

Zip  
33139

Country

Zip  
33139

Country

4. FEI Number  
**65-0503132**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GOODLY ERNEST C  
8000 WEST DR.  
APT 325  
NORTH BAY VILLAGE  
33141

FL

US

**7. Name and Address of New Registered Agent**

Name

GOODLY ERNEST C

Street Address (P.O. Box Number is Not Acceptable)  
1611 MICHIGAN

APT 12A

City  
MIAMI BEACH

FL

Zip Code  
33139

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 \_\_\_\_\_ **07/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	VP	<input type="checkbox"/> Delete
NAME	GOODLY MAUREEN J	
STREET ADDRESS	8000 WEST DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOODLY ERNEST C	
STREET ADDRESS	8000 WEST DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODLY MAUREEN J	
STREET ADDRESS	1611 MICHIGAN, APT 12A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODLY ERNEST C	
STREET ADDRESS	1611 MICHIGAN, APT 12A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 like empowered.

**SIGNATURE:** Ernest C. Goodly

P

07/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)