## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000028866** Mar 06, 2000 8:00 am 1. Entity Name PENNYWISE PRODUCTIONS, INC. **Secretary of State** 03-06-2000 90062 043 \*\*\*150.00 Mailing Address Principal Place of Business 1151 SW 109 LANE 1151 SW 109 LANE DAVIE FL 33324-4141 DAVIE FL 33324 3. Mailing Address 2. Principal Place of Busines 10550 St. Rd. 84 L.98 10550 St. Rd. 84 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0597538 Not Applicable \$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 THERIAULT, FRANCIS P Box Number is Not Acce Street Add 1151 SW 109 LANE DAVIE FL 33324 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 Fiorida 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 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change Addition PTD ☐ Delete TITLE TITLE NAME THERIAULT, FRANCIS P NAME 10550 ST Pd 84 L98 STREET ADDRESS 1151 SW 109 LANE STREET ADDRESS Davie FL 33324 CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIF ☐ Addition Ŵ Change C Delete TITLE LEWIS, ROBYN J NAME **6718 RALIEGH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST HOLLYWOOD FL 33024 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME ROULSTON, RUTH NAME STREET ADDRESS STREET ADDRESS 9711 EVERGREEN PLACE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33324 ☐ Change Addition Delete TITLE TITLE ROULSTON, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 9711 EVERGREEN PLACE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33324 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE 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 | 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:

SCHATLES AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000

472-8776

Daytime Phone #