

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90652 012 ***150.00

US34493 AV

DOCUMENT # P94000033464

1. Entity Name
HERSEY PRODUCTIONS, INC.

Principal Place of Business

611 N.W. 76TH TERRACE
 PLANTATION FL 33324
 US

Mailing Address

611 N.W. 76TH TERRACE
 PLANTATION FL 33324
 US

2. Principal Place of Business

13901 SW 31st Street
 Suite, Apt. #, etc.

3. Mailing Address

13901 SW 31st Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65-0488608

Applied For

Not Applicable

Zip

33330

Country

US

Zip

33330

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSEY, RON
 611 NW 76TH TERRACE
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: **Ron Hersey**
 Street Address (P.O. Box Number is Not Acceptable): **13901 SW 31st Street**
 City: **Davie** FL Zip Code: **33330**

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: *Ronald W. Hersey* **Ronald W. Hersey, Vice President** 4/17/02
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSEY, LAURIE-ALTERMAN 611 NW 76 TERRACE PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hersey, Lori Alterman 13901 SW 31 st Street Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSEY, RON 611 NW 76 TERRACE PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hersey, Ron 13901 SW 31 st Street Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori B. Alterman-Hersey* **Lori B. Alterman-Hersey** 4/17/02 954-472-7890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)