

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91338 001 ***150.00

DOCUMENT # P94000035488

1. Entity Name

Major Production, Inc.

Principal Place of Business

1201 Hays St.
 Suite 105
 Tallahassee, FL 32301

Mailing Address

1524 Central Avenue
 Albany, NY 12205

00054120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Subs. Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Subs. Apt. #, etc.

City & State

Zip

Country

4. FEI Number

14-1772128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
 1201 Hays St.
 Suite 105
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

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 Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 Fee will be \$388.00

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 NAME STREET ADDRESS CITY-ST-ZIP	Abrams, Marilyn G. 21 Marion Avenue Albany, NY 12203	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jordon, Bruce 12 1/2 N. Ferry St. Schenectady, NY 12305	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

E 21 Controller

4/30/01

518-452-3307

Signature and Title of Person Filing Report (If Different from Officer or Director)

Date

Telephone Number

CR2E034 (11/00)