

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90552 001 ***600.00

DOCUMENT # P94000058645

1. Entity Name
CENTERPOINTE PRODUCTIONS, INC.

Principal Place of Business 370 WHOOPING LOOP SUITE 1136 ALTAMONTE SPRINGS FL 32701	Mailing Address 370 WHOOPING LOOP SUITE 1136 ALTAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 370 Center Pointe Circle Suite, Apt. #, etc. Suite 1136 City & State Altamonte Springs, FL Zip 32701 Country USA	3. Mailing Address 370 Center Pointe Circle Suite, Apt. #, etc. Suite 1136 City & State Altamonte Springs, FL Zip 32701 Country USA
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4. FEI Number 59-3284861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PASQUALETTI, JOSEPH
5728 MAJOR BLVD
#200
ORLANDO FL 32819

7. Name and Address of New Registered Agent
 Name
JOSEPH P. PASQUALETTI
 Street Address (P.O. Box Number is Not Acceptable)
370 Center Pointe Circle, Suite 1136
 City
Altamonte Springs, FL Zip Code
32701

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 **JOSEPH PASQUALETTI** DATE **1/2/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PASQUALETTI, JOSEPH 3929 PEACE PIPE DR ORLANDO FL 32829	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, VP, T, S, D JOSEPH P. PASQUALETTI 370 Center Pointe Circle, Suite 1136 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

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: **JOSEPH PASQUALETTI** DATE **1/2/01** (407) 834-9560
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/00)