

AMENDED
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064621

1. Entity Name

Lantana Productions, Inc.

Principal Place of Business

Mailing Address

4519 George Road, Suite 125
Tampa, Florida 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3270949

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 25 AM 10:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRYBUS, RONALD H
1505 N. FLORIDA AVE
TAMPA, FL 33601

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 reinstating)

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*****8.75 *****8.75

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 \$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

TITLE NAME President & Director ☒ Delete
STREET ADDRESS Robert B. Haller
CITY-ST-ZIP 7139 Westwind St.
Spring Hill, FL 34607

TITLE NAME President, Vice President, ☒ Change ☐ Addition
STREET ADDRESS Secretary & Director
CITY-ST-ZIP Lacy A. Haller
4519 George Rd. #125, Tampa, FL 33634

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Treasurer ☐ Change ☒ Addition
STREET ADDRESS Deborah Pinnick
CITY-ST-ZIP 4519 George Rd. #125, Tampa, FL 33634

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 882-4692

CR2E034 (11/00)