

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000397

1. Entity Name

RAY BOONE PRODUCTIONS, INC.

JAYCOX & BOONE OUTDOOR PRODUCTIONS, INC.

P95000000397

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 1:25

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Principal Place of Business 3703 SE 59 PL OCALA FL 34480 US	Mailing Address 3703 SE 59 PL OCALA FL 34480 US
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2. Principal Place of Business 1012 E. SILVER SPRINGS BLD Suite, Apt. #, etc. SUITE # 5	3. Mailing Address P.O. BOX 1300 Suite, Apt. #, etc.
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City & State OCALA FL	City & State SILVER SPRINGS FL
Zip 34470	Zip 34489



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3294276	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 BOONE, RAYMOND D 3703 S.E. 59TH PL OCALA FL 34480	
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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, RAYMOND D 3703 S.E. 59TH PL OCALA FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAYCOX, THEODORE J 3926 NE 67 TERRACE SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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CR2E034 (1/00)

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: TED K JAYCOX 4-9-01 352-671-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #