

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jun 17, 2002 8:00 A.
Secretary of State**

DOCUMENT # **P95000004252**
1. Entity Name
GREAT SCOTT PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
821 NW 47th STREET
Subs. Apt. #, etc.

3. Mailing Address
821 NW 47th STREET
Subs. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
650544583

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **GARY SEIBEL**
Street Address (P.O. Box Number is Not Acceptable)
821 NW 47th STREET
City **POMPANO BEACH, FL** Zip Code **33064**

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 fee if applicable (If not, Registered Agent Signature required when registering) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so
(See criteria on back)

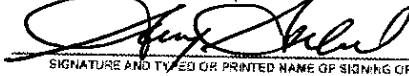
January 1 - May 1, Fee is: **\$150.00**
After May 1, Fee is: **\$550.00**
Amended UBR is **\$61.25**
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GARY SEIBEL 821 NW 47th STREET POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	600005973306 -06/25/02--01052--018 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	600005973306 -06/25/02--01052--018 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	150.00 - AR only
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	150 - AR Temp FD

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **GARY SEIBEL** **5/14/02** **954-785-9746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRK200448 (12/01)