

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000009557**1. Entity Name
331-L TECH. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
150 EGLIN PKWY, NE	P.O. BOX 4848
FT WALTON BEACH FL 32548	FT. WALTON BCH. FL 32549

2. Principal Place of Business	3. Mailing Address
19 WEDGEWOOD LN NE	P.O. BOX 4848

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

DO NOT WRITE IN THIS SPACE

City & State	City & State
FT WALTON BEACH FL	FT. WALTON BCH. FL

4. FEI Number	Applied For
59-3372331	☐ Not Applicable

Zip	Country	Zip	Country
32547	US	32549	US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

DENNEY RICHARD M
150 EGLIN PKWY, NE

FT WALTON BEACH FL 32548 US

Name
BRAUN RICHARD J
Street Address (P.O. Box Number is Not Acceptable)
25 SE ALEXANDRA PL

City
FT WALTON BEACH FL Zip Code
32548

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 **RICHARD J BRAUN****02/09/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
Make Check Payable to Department of State10. 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	D	☐ Delete
NAME	BAKER BEVERLY	
STREET ADDRESS	12 KINGSTON CT	
CITY-ST-ZIP	MARY ESTHER FL 32569	

TITLE	D	☒ Change ☐ Addition
NAME	BAKER ROY K	
STREET ADDRESS	19 WEDGEWOOD LN NE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

TITLE	D	☐ Delete
NAME	BAKER ROY KSR	
STREET ADDRESS	12 KINGSTON CT	
CITY-ST-ZIP	MARY ESTHER FL 32569	

TITLE	D	☒ Change ☐ Addition
NAME	BAKER BEVERLY	
STREET ADDRESS	19 WEDGEWOOD LN NE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
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 all other like empowered.

SIGNATURE: BEVERLY BAKER**PRES 02/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)