

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

02-11-2002 90218 018 ***150.00

DOCUMENT # P95000027036

1. Entity Name
BOARDWALK PRODUCTIONS, INC.

Principal Place of Business 505 GREENWOOD AVE LEHIGH ACRES FL 33972 US	Mailing Address 505 GREENWOOD AVE LEHIGH ACRES FL 33972 US
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32284



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2228 BOHLER ROAD Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 250313 Suite, Apt. #, etc.
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City & State ATLANTA, GA	City & State ATLANTA, GA	4. FEI Number 65-0610706	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 30327	Country USA	Zip 30325	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, J. L.
505 GREENWOOD AVE
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name **WALSH J. L.**
Street Address (P.O. Box Number is Not Acceptable)
2228 BOHLER ROAD
City **ATLANTA, GA** Zip Code **30327**

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 WALSH J.L. *[Signature]* 1/23/02
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALSH J. LINUS 505 GREENWOOD AVE LEHIGH ACRES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAFER, S. JANE 505 GREENWOOD AVE LEHIGH ACRES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALSH J. LINUS 2228 BOHLER ROAD ATLANTA, GA 30327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALSH, J. LINUS 505 GREENWOOD AVE. LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED J. LINUS WALSH 1/23/02 404-351-5708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #