TUK PKUTII GUKPUKATIUN UNIFORM BUSINESS REPORT (UBR)

DOCUM	MENT # PASOMO	D D D D L L Q	(OBK)	<u> </u>	
DOCUMENT # P95000027249 1. Entity Name CW Craig Productions				FILED STATE	
CW Gaig Moductions				SECRE INCORPORATIONS	
DO NOT WRITE IN THIS SPACE				02 OCT 29 AM 8: 01	
L	A 1401 MMILE	in imis si	-ACE		
2. Principal Place of Business 4313 Harbor Watch 4313 Harbor Watch Ly					
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State Lutz, FL Lutz, FL Lutz, F				4. FEI Number  (a5/2/a4) 4 4 4 4 5 1 Applied For	
3555	53555 COUNTRY 33555		Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required		Not Applicable  8.75 Additional ee Required
			Name 🔿	7. Name and Address of Current Registered	Agent
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					
			City / 1	Herbor Watch	Zio Codo
8. The above na	med entity submits this statement for the	ne purpose of changing its r	egistered office or registen	FL ed agent, or both, in the State of Florida.	33558
SIGNATURE  Signatur typed by pricted name at registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE					
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so  After May 1 Fee is \$150.00					
(See criteria c	on back)	Amended Make Check Payable	UBR is \$61.25 to Department of State	SECTION TO SECTION SEC	\$5.00 May Be Added to Fees
TITLE (	OFFICERS AND DIF	morth	ine Table		
STREET ADDRESS L	w crais	watch Ln	NAME	30000867470 10/29/0201138003 ***	13
CfTY-ST-ZIP	Lutz, EL 335	556	STREET ADDRESS CITY-ST-ZIP		,100°00
NAME			TITLE.		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE NAME			TIME		
STREET-ADDRESS: -	w		NAME : STREET ADDRESS :	DO NOT WELL	
TITLE			CITY/ST/ZIP	DO NOT WRIT	eran afte der residente de la fille de la company
NAME STREET ADDRESS			HTT F NAME	IN THIS SPACE	Ξ
CITY-ST-ZIP			STREET ADDRESS CITY-51-7IP		
TITLE ,			TILE	and the second s	
STREET ADDRESS CITY-SI-ZIP			NAME STREET ADDRESS	e de Salaton de La Carlo d La carlo de La	
TITLE			CITY ST-7IP		
NAME STREET ADDRESS			NAME		
CITY-SI-ZIP			STREET ADDRESS CITY ST. ZIP		
13. Thereby certify indicated on the of the corporation	that the information supplied with this is report or supplemental report is true	iling does not qualify for the and accurate and that my si	exemption stated in Section	on 119.07(3)(i), Florida Statutes. I further certify the ne legal effect as if made under oath; that I am ar Florida Statutes; and that my name appears in E	nat the information
attachment with	n an address, with all ether like empower of an address, with all ether like empower	ed to execute this report as ered.	required by Chapter 607,	Florida Statutes; and that my name appears in E	officer or director Block 11 or on an
SIGNATUR	E:	$\langle (W) \rangle$	Cairo	10/11/01	