


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

DOCUMENT # P95000058776	
1. Entity Name DEBCO PRODUCTIONS, INC.	

FILED

04 APR 19 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1840 SOUTHWEST 22ND. STREET		3. Mailing Address 1840 SOUTHWEST 22ND. STREET		DO NOT WRITE IN THIS SPACE 04
Suite, Apt. #, etc. Suite # 4-192		Suite, Apt. #, etc. Suite # 4-192		
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		
Zip 33145	Country USA	Zip 33145	Country USA	4. FEI Number 59-3326031
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
	City MIAMI	FL Zip Code 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC JONES, BARBARA 8455 Highway JJ MOUNTAIN GROVE, MO. 65711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300035730753 05/07/04--01008--025 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JONES, R. WILLIAM 8455 Highway JJ MOUNTAIN GROVE, MO 65711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE  **R. WILLIAM JONES, President** 04/12/04 417-668-0328

CR2E034B (12/02)