

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90092 014 ***550.00

0122653 AT

DOCUMENT # P95000078537	
1. Entity Name BACKSTREET PRODUCTION GROUP, INC.	

Principal Place of Business 1661 CAMDEN AVE JACKSONVILLE FL 32207	Mailing Address P O BOX 5176 JACKSONVILLE FL 32247
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2. Principal Place of Business P.O. Box 5176 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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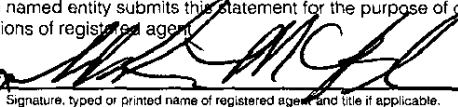
City & State JACKSONVILLE FL	City & State
Zip 32247	Country

4. FEI Number 59-3338029	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent PIERSON, JEFF 2022 TAYNTON RD JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent Name WADE M. BERLIN Street Address (P.O. Box Number is Not Acceptable) 2190 TRAYMORE RD City JACKSONVILLE FL Zip Code 32207
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 9/9/03
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FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME PIERSON, JEFFREY J	
STREET ADDRESS 2022 TAUNTON RD	
CITY-ST-ZIP JAX FL	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MOREDOCK, WILLIAM JR	
STREET ADDRESS 4851 LAUREL GREEN WY E	
CITY-ST-ZIP JACKSONVILLE FL 32225	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WADE M. BERLIN	
STREET ADDRESS 2190 TRAYMORE RD	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME E. DIANNE BERLIN	
STREET ADDRESS 2190 TRAYMORE RD	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 9/9/03	DAYTIME PHONE # 904-398-8730
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CR2E034 (4/03)