2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000088642** May 08, 2000 8:00 am Secretary of State UNISON PRODUCTIONS, INC. 05-08-2000 90086 011 ***150.00 Principal Place of Business Mailing Address 2010 HAMILTON CROSSING 2010 HAMILTON CROSSING CANTONMENT FL 32533 **CANTONMENT FL 32533-5812** US ple more Ot DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3357527 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENT, DAVID Street Address (P.O. Box Number is Not Acceptable) 2010 HAMILTON CROSSING **CANTONMENT FL 32533** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition TITLE TITLE □ Delete KENT, DAVID NAME NAME REET ADDRES 2010 HAMILTON CROSSING STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS

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 truetee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR