

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90337 008 ***150.00

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DOCUMENT # P95000098087

1. Entity Name
RPM PRODUCTIONS, INC.



Principal Place of Business
**2947 COLORADO AVE
ORLANDO FL 32826**

Mailing Address
**2947 COLORADO AVE
ORLANDO FL 32826**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3380610**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATHIE DEFILIPPO PARKS TSCHOPP & WHITCOMB
2600 MAITLAND CENTER PARKWAY
STE 330
MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **ABBOTT, BRUCE**
STREET ADDRESS **339 DAYTONA AVE**
CITY-ST-ZIP **HOLLY HILL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GLANER, STERLING**
STREET ADDRESS **24 FULTON CT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WOOTTON, L. THOMAS**
STREET ADDRESS **2610 NW 69TH TERR**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **PAUL, DOUGLAS**
STREET ADDRESS **6 PEPPER RD**
CITY-ST-ZIP **TOWACO NJ 07082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WOOTTON-MIKELL, UNELL**
STREET ADDRESS **1820 VIA CONTESSA**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GLANER, KIM**
STREET ADDRESS **P.O. BOX 300497**
CITY-ST-ZIP **FERN PARK FL 32730-0497**

TITLE ☒ Change ☐ Addition
NAME **GLANER, KIM**
STREET ADDRESS **2947 COLORADO AVE**
CITY-ST-ZIP **ORLANDO FL 32826**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1, 2003 321-235-9811

Date

Daytime Phone #

CR2E034 (10/02)