

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91035 019 ***150.00

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DOCUMENT # P96000010993



1. Entity Name
H & R PRODUCTIONS, INC.

Principal Place of Business
**5424 NW 35TH DRIVE
GAINESVILLE FL 32653**

Mailing Address
**5424 NW 35TH DRIVE
GAINESVILLE FL 32653**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3363021**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTHMAN, HAROLD
5424 NW 35TH DRIVE
GAINESVILLE FL 32653**

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 Harold Rothman
Signature, typed or printed name of registered agent and time if applicable.

Harold Rothman Resident 04/07/03
(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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|---------------------------|-----------------------------|-------|---------------------------------|-----------------------------------|-------------|
| | D | | | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | ROTHMAN, ROBERTA A | 5424 NW 35TH DRIVE | GAINESVILLE FL 32653 | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | ROTHMAN, HAROLD | 5424 NW 35TH DRIVE | GAINESVILLE FL 32653 | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |

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: Harold Rothman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Harold Rothman Pres. 04/07/03 352-336-9700
Date Daytime Phone #

CR2E034 (10/02)