2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90042 019 ***150.00

DOCUMENT # P96000024634

1. Entity Name
DANCING PELICAN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
8390 Sands Pt.Blvd.F-207 Tamarac,FL. 33321	8390 Sands Pt.Blvd. F-207 Tamrac,FL. 33321

00046388

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8390 SANDS POINT BLVD	8390 Sands Pt.Blvd
Suite, Apt. #, etc. F.207	Suite, Apt. #, etc. F-207
City & State TAMARAC FLA	City & State Tamarac,FL. 33321
Zip 33321 / Country BROWARD	Zip / Country

4. FEI Number 65-0652085 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIDLANSKY, MARK
~~9707 N.W. 37TH STREET~~
~~SUNRISE FL 33321~~

7. Name and Address of New Registered Agent

Name: WIDLANSKY, MARK
Street Address (P.O. Box Number Is Not Acceptable): 8390 SANDS POINT BLVD
City: TAMARAK FL Zip Code: 33321

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] MARK WIDLANSKY 1/25/2001
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDLANSKY, MARK ~~9707 N.W. 37TH ST.~~ 8390 SANDS POINT BLVD ~~SUNRISE FL 33321~~ TAMARAC FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 trustee 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.

SIGNATURE: [signature] MARK WIDLANSKY 1/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #