2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am § Secretary of State P96000031086 DOCUMENT # 1. Entity Name 03-25-2002 90184 031 ***150.00 SCENIC PRODUCTIONS, INC. Principal Place of Business Mailing Address 1611 N W 55TH PLACE 1611 N W 55TH PLACE SUITE C SUITE C **GAINESVILLE FL 32653** GAINESVILLE FL 32653 2. Principal Place of Business 3. Mailing Address 926 N.W. 13th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3372791 Gainesville, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 32601 Fee Required 6. Name and Address of Current Registered Agent _ 7. Name and Address of New Registered Agent Name Bruce Brashear, Esq. WASHER, SUSAN B Street Address (P.O. Box Number is Not Acceptable) 926 N.W. 13th Street **1611 N W 55TH PLACE** SUITE C **GAINESVILLE FL 32653** Zip Code City Gainesville 32601 8. The above namec , 🤰 $rac{k_a}{a}$ of changing its registered office or registered agent, or both, in the State of Florida 3-13-02 Bruce Brashear, Esq. registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible at dutisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE X Change ☐ Addition HODOR, HOWARD NAME NAME 240 N.W. 76th Drive STREET ADDRESS 27/00-D/N 43RD/\$T/ STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP Gainesville, FL 32607 ☐ Delete TITLE X Change ☐ Addition NAME SHAW, JAMES NAME 240 N.W. 76th Drive STREET ADDRESS 2700AD/N A3RD/ST STREET ADDRESS Gainesville, FL 32607 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE/FIL/32806 TITLE ☑ Delete — TITLE _ Change بے سمسری سست WASHER, SUSAN B NAME NAME STREET ADDRESS 1220 SE VEITCH ST. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601-7919 CITY-ST-ZIP X Delete TITLE TITLE ☐ Change ☐ Addition COSTANZA, PAUL NAME NAME STREET ADDRESS 1200 SE VEITCH ST. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601-7917 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the receiver or trustee of changed, or on an attachment with an address

III:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED