

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032265

1. Entity Name

THE ANIMATION MILL, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90011 005 ***150.00

Principal Place of Business

800 N. HIGHLAND AVENUE
SUITE 108
ORLANDO FL 32801

Mailing Address

800 N. HIGHLAND AVENUE
SUITE 108
ORLANDO FL 32803-4927

2. Principal Place of Business

550 N. Bumby Avenue

3. Mailing Address

550 N. Bumby Avenue

Suite, Apt. #, etc.

Suite 190

Suite, Apt. #, etc.

Suite 190

City & State

Orlando FL

City & State

Orlando FL

Zip

Country

32803

Zip

Country

32803

4. FEI Number

59-3383553

Applied For

Not Applicable

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

DIETZ, WILLIAM J
25 S. MAGNOLIA AVENUE
ORLANDO FL 32803

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.

SIGNATURE

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SPONSER, CURTIS A	
STREET ADDRESS	800 N HIGHLAND AVENUE STE 108	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPONSER, DEBORAH E	
STREET ADDRESS	800 N HIGHLAND AVENUE STE 108	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	550 N. Bumby Avenue, Suite 190
CITY-ST-ZIP	Orlando, FL 32803
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	550 N. Bumby Avenue, Suite 190
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah E. Sponsler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (407) 895-6161

Date

Daytime Phone #

CR2E034 (9/99)