

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90164 041 ***150.00

DOCUMENT # P96000032265

1. Entity Name

The Animation Mill, Inc. ✓

Principal Place of Business Mailing Address

550 N. Bumby Avenue Suite 190 Orlando, FL 32803
 550 N. Bumby Avenue Suite 190 Orlando, FL 32803

2. Principal Place of Business

550 N. Bumby Avenue

3. Mailing Address

550 N. Bumby Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 190

Suite 190

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32803

32803

6. Name and Address of Current Registered Agent

4. FEI Number

59-3383553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

William J. Dietz
 25 S. Magnolia Avenue
 Orlando, FL 32803

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, 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 Curtis A. Sponsler 550 N. Bumby Avenue, Suite 190 Orlando, FL 32803 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 D Deborah E. Sponsler 550 N. Bumby Avenue, Suite 190 Orlando, FL 32803 ☐ 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: Deborah E. Sponsler Deborah E. Sponsler 4/11/01 (407) 895-6161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)