

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90274 007 ***150.00

DOCUMENT # P96000038796

1. Entity Name
ASPEN PRODUCTIONS, INC.



Principal Place of Business
**1008 BELMONT PL
BOYNTON BEACH FL 33436**

Mailing Address
**1008 BELMONT PL
BOYNTON BEACH FL 33436**

2. Principal Place of Business
2409 BELMONT LANE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 450381
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
NORTH LAUDERDALE, FL
Zip
33068
Country
USA

City & State
SUNRISE, FL
Zip
33345
Country
USA

4. FEI Number **65-0663546**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRESNIHAN, WILLIAM T JR
1008 BELMONT PL
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name **WILLIAM T. BRESNIHAN JR.**
Street Address (P.O. Box Number is Not Acceptable)
2409 BELMONT LANE
City **NORTH LAUDERDALE** FL Zip Code **33068**

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 *William T. Bresnihan Jr.* **WILLIAM T. BRESNIHAN JR PRESIDENT 4-22-03**
Signature, typed or printed name of registered agent and title, if applicable. (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BRESNIHAN, WILLIAM T JR. 1008 BELMONT PL BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2409 BELMONT LANE NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *William T. Bresnihan Jr.* **4-22-03 561-379-4994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)