

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

3. Mailing Address
P.O. BOX 450381

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH LAUDERDALE, FL

City & State
SUNRISE, FL

Zip
33068

Country
USA

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. Bresnahan* 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPST
NAME
BRESNIHAN, WILLIAM T JR.
STREET ADDRESS
1008 BELMONT PL
CITY-ST-ZIP
BOYNTON BEACH FL 33436

Delete

TITLE
2409 BELMONT LANE
NAME
NORTH LAUDERDALE, FL 33068
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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. Bresnahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

561-379-4994

Daytime Phone #

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

04-25-2003 90274 007 ***150.00



CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)