

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040522

1. Entity Name

TREEFROG ENTERTAINMENT, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90062 015 ***150.00

Principal Place of Business

47 GOLFVIEW DRIVE
OCALA FL 34472
US

Mailing Address

47 GOLFVIEW DRIVE
OCALA FL 34472
US

2. Principal Place of Business

47 Golfview Dr
Suite, Apt. #, etc.

3. Mailing Address

47 Golfview Dr
Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

FLA Ocala

Zip

34472

Country

Marion

Zip

34472

Country

Marion

4. FEI Number 65-0654174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKNIGHT, RICK
47 GOLFVIEW DRIVE
OCALA FL 34472

7. Name and Address of New Registered Agent

Name

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

City

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, 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

TITLE D
NAME MCKNIGHT, RICK
STREET ADDRESS 47 GOLFVIEW DRIVE
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE D
NAME MCKNIGHT, BONNIE
STREET ADDRESS 47 GOLFVIEW DRIVE
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE O
NAME ANDREWS, JOHN R JR.
STREET ADDRESS 68 HEMLOCK DR
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE D
NAME ANDREWS, MANCHE M
STREET ADDRESS 68 HEMLOCK DR
CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Andrews, Mandie M (spelling)

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/01

Daytime Phone #

352 680 1214

CR2E034 (10/00)