

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90209 035 ***150.00

DOCUMENT # P96000043974**1. Entity Name**
QUADRIGA PRODUCTIONS, INC.**Principal Place of Business****7021 MUNICIPAL DRIVE**
ORLANDO FL 32819
US**Mailing Address****7021 MUNICIPAL DRIVE**
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**118 W Grant St.****3. Mailing Address****118 W. Grant St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. A

Bldg. A.City & State
Orlando, FLCity & State
Orlando, FLZip
32806Country
USZip
32806Country
US**4. FEI Number****59-3386177**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****PICKFORD, THOMAS**
7021 MUNICIPAL DRIVE
ORLANDO FL 32819**7. Name and Address of New Registered Agent**

Name

Jim Bevan

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

125 Wisterna Ave

City

Orlando

FL

Zip Code

32806**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

4/26/02**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, 2002 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 **P** ☐ Delete
NAME **JIM BEVAN**
STREET ADDRESS **7021 MUNICIPAL DR.**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE **V** ☐ Delete
NAME **M. PATRICK EVENSON**
STREET ADDRESS **3900 W. DENEY DR**
CITY-ST-ZIP **LAS VEGAS NV 89118**TITLE **V** ☒ Delete
NAME **THOMAS D. PICKFORD**
STREET ADDRESS **821 MAIN STREET**
CITY-ST-ZIP **WINDERMERE FL 34786**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02

Daytime Phone #

407 246 7752

CR2E034 (9/01)