

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056216

1. Entity Name

I. G. PRODUCTIONS, INC.

Principal Place of Business

824 HALIFAX DR
KISSIMMEE FL 34758
US

Mailing Address

824 HALIFAX DR
KISSIMMEE FL 34758
US

2. Principal Place of Business

1319 Catalpa Lane

3. Mailing Address

1319 Catalpa Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

6. Name and Address of Current Registered Agent

WAWRZYNIAK, ROBERT M
824 HALIFAX DR 1319 Catalpa Lane
KISSIMMEE FL 34758 Orlando, FL 32806

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Robert Wawrzyniak

Robert WAWRZYNIAK 4-9-01

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	P	<input type="checkbox"/> Delete
NAME	WAWRZYNIAK, ROBERT M	
STREET ADDRESS	824 HALIFAX DR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAWRZYNIAK, ANNA	
STREET ADDRESS	824 HALIFAX DR	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wawrzyniak, Robert M.	
STREET ADDRESS	1319 Catalpa Lane	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wawrzyniak, Anna	
STREET ADDRESS	1319 Catalpa Lane	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anna Wawrzyniak Anna Wawrzyniak 4-9-01 (407) 228-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

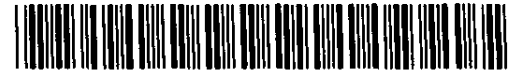
Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90245 015 ***150.00

740730



DO NOT WRITE IN THIS SPACE

0480418

CR2E034 (10/00)