

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91768 023 ***150.00

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DOCUMENT # P96000077060

1. Entity Name
DG PRODUCTIONS INC.



Principal Place of Business
**760 FLORIDA CENTRAL PKWY
#212
LONGWOOD FL 32750**

Mailing Address
**760 FLORIDA CENTRAL PKWY
#212
LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

160 Hope Street

160 Hope Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#132

#132

City & State

City & State

Longwood

Longwood

Zip

Country

Zip

Country

FL

32750

FL

32750



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1769618**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, GEORGE E JR
760 FLORIDA CENTRAL PKWY
#212
LONGWOOD FL 32750**

Name

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

160 Hope Street

#132

City

Longwood

FL

Zip Code

32750

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be a resident of the State of Florida.)

DATE

George E. Smith Jr.

4-29-03

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	PST	<input type="checkbox"/> Delete
NAME	SMITH, GOERGE E JR	
STREET ADDRESS	195 NEW GATE LOOP	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George E. Smith Jr.

Date

Daytime Phone #

4-29-03

407-331-1066

CR2E034 (10/02)