

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007844

1. Entity Name

~~LAMINAR PRODUCTIONS, INC.~~

*Name has been changed w/ign
office to: My Big Fish INC.*

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90006 040 ***150.00

Principal Place of Business

Mailing Address

2938 WELLINGTON CR. E.
TALLAHASSEE FL 32308

2938 WELLINGTON CR. E.
TALLAHASSEE FL 32308-6885

00015411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3430988

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

O'BRIEN, TIMOTHY J
6523 AQUEDUCT COURT
TALLAHASSEE FL 32308

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	O'BRIEN, JULIA MARIE	
STREET ADDRESS	5375 APPLIEDUCE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VT	<input type="checkbox"/> Delete
NAME	O'BRIEN, DIANNE E	
STREET ADDRESS	6523 AQUEDUCT COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'BRIEN, TIMOTHY J	
STREET ADDRESS	6523 AQUEDUCT COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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
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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:

Timothy J. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00
Date

(950) 668-0696
Daytime Phone #

CR2E034 (9/99)