## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P97000011630

1. Entity Name

SUNSET PRODUCTIONS INCORPORATED



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90381 017 \*\*\*150.00

			OD WE					
Principal Plac	ce of Business	Mailing Address						
147 BISMARK		P.O. BOX 616874						
OCOEE FL 34761		ORLANDO FL 32861		1				
)		US			(   0.01160    110   1011    1001    0.011  0.011  0.011  0.011		11111 <b>66</b> 71 1 <b>68</b> 1	
i							11111 <b>11</b> 11 1 <b>11</b> 1	
Principal Place of Business     3. Mailing Addre					I SUMPREMU TEM TRITI TRANS MORPE MARKE CREAT FO	ING SINNE SININ NAMED	HI H <b>30</b> H I <b>10</b> H	
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.	Apt. #, etc.		CHECK HEDE IE MAKI	NO CHANGES		
					CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number FO-2420961 Applied For			
					59-3429861	No	t Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add	litional	
				) s.	Certificate of Status Desired	Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
RADIC, BEATRICE N				(2) (A) (4) (2) (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A				
147 BISMARK COURT			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
						<del> </del>		
OCOEE FL 34761 🦠 :								
	7.		City		F	· Zip Code	∍	
9 The shows	named entity submits this statement for	the number of changing	ita ragiotarad office or s	onistared o	<u>_</u> _		and against	
the obligat	tions of registered agent.	the purpose of changing	its registered office or i	egistered a	igent, or both, in the state of Florida. Ta	m tarrimai wim,	and accept	
	John Charles Egenn							
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (f	NOTE: Registered Agent signature	e required when	reinstating) DATI			
FILE NOW!!! FEE IS \$150.00							_	
After May 1, 2003 Fee will be \$550.00					<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		May Be	
Make Check	Payable to Florida Department of	State			trust Fund Contribution.	□ Added	to Fees	
10.	OFFICERS AND D	DIRECTORS	11,	A	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE	Iv	Delete	TITLE			☐ Change	Addition	
NAME	RADIC, PETER C.	Z Ocicle	NAME			□ onenge		
STREET ADDRESS	147 BISMARK CT		STREET ADDRESS					
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP				İ	
***	<del></del>		<del></del>					
TITLE	PT PLOIS BEATTION N	☐ Delete	TITLE			☐ Change	Addition	
NAME	RADIC, BEATRICE N		NAMÉ				- (	
STREET ADDRESS	147 BISMARK COURT		STREET ADDRESS				· 1	
CITY-ST-ZIP	OCOEE FL 34761		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			. Change	Addition	
NAME	_	•	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				J	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			-		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		L.J. Delete	NAME				☐ WORKING	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		,						
0111-91-71P			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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition