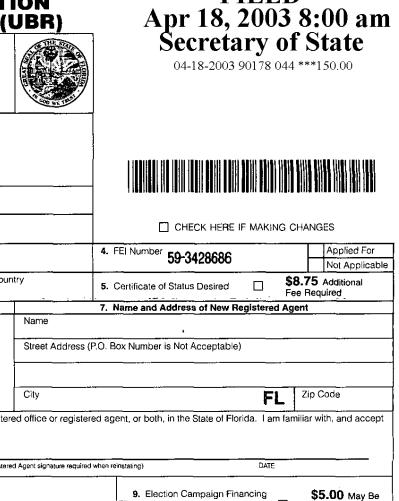
## **2003 FOR PROFIT CORPORATION**

P97000016638

## UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 1. Entity Name

AIM HIGH PRODUCTIONS, INC.



**FILED** 

							<b>I</b>				
Principal Place of Business 100 MESA PK BLVD FELLSMERE FL 32948 US			Malling Address 100 MESA PK BLVD FELLSMERE FL 32948 US								
2. Principal i	Place of Busine	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. F	4. FEI Number 59-3428686 Applied For Not Applied For			
Zip Country			Zip Cour			itry	5. Certificate of Status Desired S8.75 Addition Fee Required			litional	
6. Name and Address of Current Reg				d Agent	7. Name and Address of New Registered Agent						
		•				Name					-
EVANS, R			Street Addre			s (P.O. Box Number is Not Acceptable)					
3355 OCE											
VERO BEA	ACH FL 3296	3									
						City			FL	Zip Code	э
	e named entity ations of registe		or the purpo	se of changing its	registere	ed office or regi	stered age	ent, or both, in the State of Flori	da. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if appli	cable. (NOT	E: Registere	d Agent signature req	uired when rein	nstating)	DATE	<u></u>	
Afte	r May 1, 2003	FEE IS \$150.00 B Fee will be \$550.00 Florida Department o	f State			-		Election Campaign Fina     Trust Fund Contribution.	~ —		0 May Be to Fees
<del>&amp;</del>		OFFICERS AND		RS	11.	<del></del>	AD	TION CHANGES TO OFFICE	ERS AND	DIRECTORS	S IN 11
TITLE NAME 🕶 STREET ADDRESS	PCEO PARSONS, 101 INDIGO	JEFF S		☐ Delete	TITLE NAM STRE	E ET ADDRESS	A Second			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GATES, KAT	THLYN G CFARLANE AVE	•	☐ Delete	TITLE NAMI STRE					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ſ	er recipera	AND THE WASTE OF THE PARTY OF T	The second secon	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition

12. I hereby certify that the information supplied with this filling 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: