

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90029 021 \*\*\*150.00

**DOCUMENT # P97000022753**

1. Entity Name  
**REEL TIME FILMS, INC.**

Principal Place of Business 8927 HAWTHORNE AVE. SURFSIDE FL 33154	Mailing Address 8927 HAWTHORNE AVE. SURFSIDE FL 33154-3331
---	--

2. Principal Place of Business <b>8818 Carlyle Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>8818 Carlyle Ave</b> Suite, Apt. #, etc.
--	--

City & State <b>Surfside FL</b>	City & State <b>Surfside FL</b>
Zip <b>33154</b>	Zip <b>33154</b>
Country <b>U.S.A</b>	Country <b>U.S.A</b>

4. FEI Number <b>65-0735817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LAYNE, HELENE**  
**8927 HAWTHORNE AVE.**  
**SURFSIDE FL 33154**

7. Name and Address of New Registered Agent  
 Name: **Layne, Helene**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8818 Carlyle Ave.**  
**5**  
 City: **Surfside** FL Zip Code: **33154**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LAYNE, HELENE</b> <b>8927 HAWTHORNE AVE.</b> <b>SURFSIDE FL 33154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LAYNE, KEVIN C</b> <b>8927 HAWTHORNE AVE.</b> <b>SURFSIDE FL-33154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Layne, Helene</b> <b>8818 Carlyle Ave.</b> <b>Surfside, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Layne, Kevin</b> <b>8818 Carlyle Ave</b> <b>Surfside FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Helene Layne**

**4-26-00 30510004324**