2000 UNIFORM BUSINESS REPORT (UBR) DII DD DOCUMENT # P97000023851

Fingsport Dr

1. Entity Name

AFFINITY PRODUCTIONS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

12336 GOLDEN KNIGHTOR

SUITE 302C ORLANDO FL 32817 12336 GOLDEN KNIGHTCR

SUITE 302C

ORLANDO FL 32817-8309

3. Mailing Address
4023 Kingsport Dr
Suite, Apt. #, etc.

May 17, 2000 8:00 an	1
Secretary of State	
05-17-2000 90921 003 ***150.00	



4. FEI Number City & State 59-3489707 Not Applicable Country A Country \$8.75 Additional 32839 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mark W. Wooden WOODEN, MARK W Street Address (P.O. Box Number is Not Acceptable) 12336 GOLDEN KNIGHTCR 4023 Kingsport Dr SUITE 302C ORLANDO FL 32817 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 Mark W. Wooden CEO FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE Mark W. Wooden 4023 Kinssport Dr WOODEN, MARK W NAME NAME 12336 GOLDEN KNIGHT CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE Delete TITLE INGLE, PATRICK L NAME NAME 3303 C. WARGON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHAMPAIGH IL 61822 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS Ĉ CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.