

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041662

1. Entity Name  
BLUE SKY FILMS, INC.

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90004 004 \*\*\*150.00

Principal Place of Business

7380 SAND LAKE ROAD  
SUITE 511  
ORLANDO FL 32819

Mailing Address

7380 SAND LAKE ROAD  
SUITE 511  
ORLANDO FL 32819

2. Principal Place of Business

7347 Sand Lake Road  
Suite, Apt. #, etc.  
Ste 100

3. Mailing Address

7347 Sand Lake Road  
Suite, Apt. #, etc.  
Ste 100

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3445143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~NIXON, DAVID~~  
7380 SAND LAKE ROAD  
SUITE 511  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name DAVID NIXON

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

7347 Sand Lake Road

Ste 100

City

Orlando

FL

Zip Code

32819

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, 2001 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 P ☐ Delete  
NAME NIXON, DAVID  
STREET ADDRESS 6233 WESTGATE DR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE V ☐ Delete  
NAME THRIFT, SANDRA  
STREET ADDRESS 1362 HAMPSTEAD TERR  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME DAVID NIXON  
STREET ADDRESS 7347 Sand Lake Road Ste 100  
CITY-ST-ZIP Orlando FL 32819

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0070778

CR2E034 (10/00)