

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043184

1. Entity Name

LEGACY COMMUNICATIONS, INC.

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FILED
Jun 16, 2000 8:00 am
Secretary of State

05-08-2000 90127 032 ***150.00

Principal Place of Business

POST OFFICE BOX 6365
TITUSVILLE FL 32782

Mailing Address

POST OFFICE BOX 6365
TITUSVILLE FL 32782-6365

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, PRISCILLA
836 CRESTWOOD AVENUE
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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
PVST
DANDRIDGE, CLYDE
926 SYCAMORE STREET
TITUSVILLE FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANDRIDGE, CLYDE
926 SYCAMORE STREET
TITUSVILLE FL 32780 ☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

Clyde S. Dandridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000 *321-385-0632*
Date Daytime Phone #

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
Legacy Communications, Inc.

2 Trade name of business (if different from name on line 1)
Victory Pictures

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
PO Box 6365

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Titusville, FL 32782

5b City, state, and ZIP code

6 County and state where principal business is located
Brevard County- Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►
Clyde Dandridge - 591-46-6777

8a Type of entity (Check only one box.) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership ☐ Personal service corp.

☐ REMIC ☐ National Guard ☒ Other corporation (specify) ► C-Corp

☐ State/local government ☐ Farmers' cooperative ☐ Trust

☐ Church or church-controlled organization ☐ Federal government/military

☐ Other nonprofit organization (specify) ► (enter GEN if applicable)

☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated. State Florida Foreign country

9 Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ►

☒ Started new business (specify type) ► Scriptwriter ☐ Changed type of organization (specify new type) ►

☐ Hired employees (Check the box and see line 12.) ☐ Purchased going business

☐ Created a pension plan (specify type) ► ☐ Created a trust (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) June 1, 2000**11** Closing month of accounting year (see instructions) **12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A**13** Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) 0**14** Principal activity (see instructions) Scriptwriter**15** Is the principal business activity manufacturing? ☐ Yes ☒ No**16** To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► **17a** Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No**Note:** If "Yes," please complete lines 17b and 17c.**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ► **17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (321) 385-0632Fax telephone number (include area code) (321) 269-2989Name and title (Please type or print clearly) ► Clyde B. DandridgeSignature ► Clyde B. Dandridge Date ► June 1, 2000**Note:** Do not write below this line. For official use only.

Please leave blank ► Geo. Ind. Class Size Reason for applying