

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90169 036 ***150.00

DOCUMENT # P97000059972

1. Entity Name

PULSE PRODUCTIONS OF LARGO, INC.

Principal Place of Business 2514 149TH AVENUE LUTZ FL 33549 US	Mailing Address 16 W 486 LAKE DRIVE #201 CLARENDON HILLS IL 60514 US
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2. Principal Place of Business 5150 Interbay Blvd. Suite, Apt. #, etc.	3. Mailing Address Two Wheaton Center Suite, Apt. #, etc. # 712
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City & State Tampa FL	City & State Wheaton IL	4. FEI Number 50-2564550	Applied For <input type="checkbox"/> Not Applicable
Zip 33611	Country USA	Zip 60187	Country USA



DO NOT WRITE IN THIS SPACE
59-3455405

6. Name and Address of Current Registered Agent PIDGEON, STEPHEN D 2514 149TH AVENUE LUTZ FL 33549	7. Name and Address of New Registered Agent Name: Pidgeon, Stephen D. Street Address (P.O. Box Number is Not Acceptable): 5150 Interbay Blvd. City: Tampa City: FL Zip Code: 33611
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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: **4/19/00**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIDGEON, STEPHEN D 2514 149TH AVE LUTZ FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pidgeon, Stephen D. 5150 Interbay Blvd. Tampa FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIDGEON, JUDITH L 2514 149TH AVE LUTZ FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pidgeon, Judith L 5150 Interbay Blvd. Tampa FL 33611
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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: DATE: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR