

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90015 021 ***550.00

DOCUMENT # P97000062699

1. Corporation Name

UNITED CREW FILMS, INC.

Principal Place of Business

37 SKYLINE DR., #4301
LAKE MARY FL 32746

Mailing Address

37 SKYLINE DR., #4301
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

59-3457081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 1136 Soria Ave

27 City & State

28 Orlando, FL

29 32807 30 USA

9. Name and Address of Current Registered Agent

LOE, BRIAN R
3074 W. LAKE MARY BLVD., #136
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NORMAN, DAVID
STREET ADDRESS 1742 FIFESHIRE CT.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE
NAME GOLD, JENNIFER
STREET ADDRESS 1136 SORIA AVE.
CITY-ST-ZIP ORLANDO FL 32807

TITLE D ☐ DELETE
NAME NORMAN, VICTOR
STREET ADDRESS 472 SUN LAKE CIRCLE, #310
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ DELETE
NAME MAYNARD, JEFF
STREET ADDRESS 1136 SORIA AVE.
CITY-ST-ZIP ORLANDO FL 32807

TITLE D ☐ DELETE
NAME SZAKAGS, JULIA
STREET ADDRESS 20 TURTLE CREEK DRIVE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ DELETE
NAME VEST, SANDRA P
STREET ADDRESS 212 PENNINGTON POINT
CITY-ST-ZIP CLOUDLAND GA 30731

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

JEFF MAYNARD President

6/17/99

Date

(407) 380-3456

Daytime Phone #

CR2E034 (1/98)

007311