


0-03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL -1 AM 9:26

| | |
|--|---|
| DOCUMENT # <u>P97000062699</u> |  |
| 1. Entity Name <u>United Crew Films, Inc.</u> | |

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400021234834
07/01/03--01017--002 **450.00

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business <u>P.O. Box 917412</u> | 3. Mailing Address <u>P.O. Box 917412</u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State <u>Longwood, FL</u> | City & State <u>Longwood, FL</u> |
| Zip <u>32791-7412</u> | Country <u>USA</u> |
| Zip <u>32791-7412</u> | Country <u>USA</u> |

| | |
|---|--|
| 4. FEI Number <u>593457081</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

| | |
|---|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name <u>W. Edward McLeod, P.A.</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>248 Park Ave. N.</u> | |
| City <u>Winter Park</u> | FL Zip Code <u>32789</u> |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeff Maynard, President DATE 6/12/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|--|---|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| | | | |
|--|--|--|---|
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>David Norman</u> <u>1742 Fireshire Ct</u> <u>Longwood, FL 32779</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>400021234834</u> <u>07/01/03--01017--003 **8.75</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>Jennifer Gold</u> <u>6860 Costello Ave</u> <u>Van Nuys, CA 91405</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>Jeff Maynard</u> <u>6860 Costello Ave</u> <u>Van Nuys, CA 91405</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>Sandra P. Vest</u> <u>212 Pennington Point</u> <u>Cleveland, GA 30731</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>Julia Szakacs</u> <u>20 Turtle Creek Dr.</u> <u>Tequesta, FL 33469</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Maynard, President DATE 6/12/03 DAYTIME PHONE # 818 779-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7/7