

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070452

1. Entity Name

DREAM WEAVER STUDIOS, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90212 022 \*\*\*158.75

Principal Place of Business

Mailing Address

6012 28TH STREET E  
UNIT 3  
BRADENTON FL 34203

6012 28TH STREET E  
UNIT 3  
BRADENTON FL 34203-5301

2. Principal Place of Business

3. Mailing Address

6012 28TH ST. EAST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE #3

City & State

City & State

BRADENTON, FL

Zip

Country

Zip

Country

34203-5301

MANATEE

4. FEI Number

65-0776682

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENZ, DANIEL A JR.  
6012 28TH STREET E  
UNIT 1A  
BRADENTON FL 34203

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BENZ, DANIEL A JR.  
STREET ADDRESS 6012 28TH STREET E  
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

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

TITLE V  
NAME CRAWFORD, LYLE I  
STREET ADDRESS 6012 28TH STREET E  
CITY-ST-ZIP BRADENTON FL 34203 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

941-727-0497

Daytime Phone #

014 (9/99)