2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000071625 1. Entity Name SQUARE METER PRODUCTIONS INC.					FILED Apr 20, 2000 8:00 am Secretary of State 04-20-2000 90005 030 ***150.00			
Principal Place of Business Mailing Address								
		3494 SANDPIPER CT/ MELBOURNE FL 32935-4754						
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State			4. FEI Number 59-3462368 Applied For Not Applicable			
32935	Country	Zip	Country		5. Certificate of	Status Desired	See Require	ditional
	6. Name and Address of Current Re	gistered Agent		Name	7. Name and A	ddress of New Regist	tered Agent	
GILBERT, DOUGLAS C 3494 SANDPIPER CT				Street Address (P.O. Box Number is Not Acceptable)				
MELE	30URNE FL 32935-4790	City					FL 7293	5-475
Tax filing r	Signature, typad or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so.	tite it applicable. (NOTE FILE.NOW.1 After MAY 1, 200 Make Check Payab	II-EEE.IS	ll be \$550.00	10. Elečti Trust	on Campaign Financin Fund Contribution.		0 May Be d to Fees
11.	OFFICERS AND DI		12.			HANGES TO OFFICER	S AND DIRECTOR	SIN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gilbert, Douglas C 3494 Sandpiper CT Melbourne FL 32935-4790	Delete	TITLE NAME STREET / CITY-ST		32	835-Y	√ ^{Change} 754	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET / CITY-ST			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ ~ ~	Delete	TITLE NAME STREET A CITY-ST	ADDRESS			Cĥange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET A CITY-ST				📋 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET # CITY-ST				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET A CITY-ST				🗌 Change	Addition
13. I hereby c indicated of the corr changed, SIGNAT		all other like empowered.		GILBER	141	Florida Statutes. I furth s if made under oath; and that my name app N 07 2000 Date	her certify that the it that I am an officer bears in Block 11 or 321-752 Daytme Phone #	nformation or director r Block 12 if 2-0006