

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089627

1. Entity Name
FULL REIGN STUDIOS AND PRODUCTIONS INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90083 024 ***150.00

Principal Place of Business
5238 SW 122 TERRACE
COOPER CITY FL 33330

Mailing Address
5238 SW 122 TERRACE
COOPER CITY FL 33330

2. Principal Place of Business

(SAME) 5238 S.W. 122 TERRACE
Suite, Apt. #, etc.

3. Mailing Address

(SAME) 5238 S.W. 122 TERRACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
COOPER CITY, FLA

City & State
COOPER CITY, FLA

4. FEI Number 65-0836913

Applied For
Not Applicable

Zip
33330

Country
USA

Zip
33330

Country
USA

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

KOLODIN, ADAM
5238 SW 122 TERRACE
COOPER CITY FL 33330

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 KOLODIN, ADAM 5238 SW 122 TERR COOPER CITY FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Adam Kolodin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

(954) 328-7077

Daytime Phone #

CR2E034 (10/00)