FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90075 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090369

1. Entity Name
Big Sky Productions, Inc.

DO NOT WRITE IN THIS SPACE

24026653

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2. Principal Place of Business		3. Mailing Address	
190 CRYSTAL LAKE DR.		190 CRYSTAL LAKE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLERMONT FL		City & State: CLERMONT FL	
Zip: 34711-2339	Country:	Zip: 34711-2339	Country:

4. FEI Number 38-2886419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name KENT VANDERBERG
Street Address (P.O. Box Number is Not Acceptable) 190 CRYSTAL LAKE DRIVE
City CLERMONT FL Zip Code 34711-2339

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

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME KENT VANDERBURG STREET ADDRESS 190 CRYSTAL LAKE DRIVE CITY-ST-ZIP CLERMONT, FL 34711-2339	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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: X 3/15/04 352 241 9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3W1140 1.000